

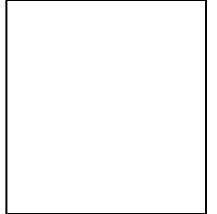


# SHRIRAM COLLEGE OF PHARMACY

Ph. : 07532-304600 , 304646; Telefax: 07532-304666

E-mail : [srcp2003@rediff.com](mailto:srcp2003@rediff.com) Webside : [www.srgoc.org](http://www.srgoc.org)

## Application Form For Admission



1. Name Mr./Ms.....  
(In Block Letters).....
2. Father's / Guardian's Name .....
3. Local Address.....  
.....Phone No.....
4. Permanent Address .....
- ..... Phone No.....
5. Date of Birth ..... Sex : Male / Female
6. Education Qualification .....
7. PEPT Marks / PCM/PCB marks of 10+2

Name of Examination	Name of Board/University	Year of Passing	Subject	%Marks (PCM/PCB)

### DECLARATION

I hereby declare that the statements made in this form are true & correct to the best of my knowledge and belief. I fully agree to abide by the rules and regulation of the college regarding attendance, discipline and payment of fees.

I will not claim any refund of fees.

(Signature of Applicant)

## UNDERTAKING BY THE STUDENT

I declare that I have not been bebarred from joining any educational institution or rusticated from the institution / University Board last attended.

I declare that all the statements made in application by me are true and correct to the best of my knowledge and belief. I clearly understand that if any of the statement is subsequently found false my admission to the college would stand cancelled.

I have read the prospectus and instructions incorporated therein carefully.

I have satisfied myself that fulfill the minimum educational, physical and medical standards and that I agree to be removed from the institution if found deficient in these standards during the course of my stay in the college.

I agree that admission may be granted to be on the condition stated in the latest addition of the prospectus/syllabi prescribed by the Rajiv Gandhi Proudyogiki Vishwavidyalaya, Bhopal, or Such modifications there of as may be made by the authorities.

I promise to abide by the rules and regulations prevailing at present or those that may herein/after be made, for the admission to the college and its hostels and I will do nothing either inside or outside that will interfere / violate its ordered working and discipline.

Place

Date

(Signature of the Student)

## FATHER/GUARDIAN UNDERTAKING

My \_\_\_\_\_ son/daughter /  
ward..... seeking  
admission with my consent and in event of his/her admission in SHRIRAM COLLEGE OF PHARMACY, I  
will personally responsible for :

1. His/Her good conduct and behaviour during his/her stay at the college.
2. To pay the entire fees of the Year in one installment by the 5<sup>th</sup> july of every year for all the four consecutive years.
3. Return of books issued to him/her by the college.
4. Any other liability related to his/her in the college.

Further, I undertake to pay his/her bus hostels fees, canteen dues and other expenses in the campus and on educational tours. I also agree that he/she will submit to the discipline of the college as administered by the principal

Place

Date

Signature of the Father/Guardian

Name & Address