

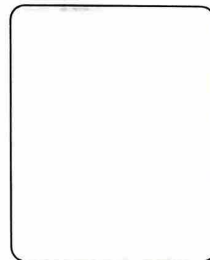
# KASHMIR VALLEY COLLEGE OF PHARMACY

(Run By Shivalik Research and Medical Education Society)

MEERHUND, Srinagar (J&K) 193121

Recognised By Pharmacy Council of India (PCI - 5249)  
State Paramedical Council of Jammu and Kashmir (J&K)

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## Admission Form

D PHARMACY- ☐ YEAR: .....

1. Name of the Applicant : \_\_\_\_\_

2. Date of Birth : \_\_\_\_\_ Gender : Male ☐ Female ☐

3. Place of Birth \_\_\_\_\_ Nationality : \_\_\_\_\_

4. Aadhaar No.: \_\_\_\_\_

5. Name of the Father/Guardian : \_\_\_\_\_

6. Name of the Mother/Guardian : \_\_\_\_\_

7. Occupation of the Father/Guardian : \_\_\_\_\_

8. Annual Income the Father/Guardian : \_\_\_\_\_

9. Address of the Student (Local) : \_\_\_\_\_

10. Address of the Student (Permanent) : \_\_\_\_\_

11. Mobile No. Student : \_\_\_\_\_ Mobile No. Father/Guardian : \_\_\_\_\_

12. Email ID of Student : \_\_\_\_\_

13. Photostat Copy of Marks Card to be attached Yes ☐ No ☐ Month and year of Passing \_\_\_\_\_

| SUBJECT     | Marks Obtained | Maximum Marks | Percentage of Marks |
|-------------|----------------|---------------|---------------------|
| Physics     |                |               |                     |
| Chemistry   |                |               |                     |
| Mathematics |                |               |                     |
| Biology     |                |               |                     |

Percentage of PCM: ..... Percentage of PCB: ..... Over all Percentage of 12th Std.: .....

I promise to abide by the rules, regulation and orders of the college, its Authorities and Office. I will accept the decision of the Principal / Chairman in all matters of discipline as final. I accept to pay the fees of Remaining Years. If at all i cancel the seat due to any reason. I will attend the class regularly and I know 75 % attendance is must.

Date:

Signature of the Applicant

I have read the prospectus of the college. I accept and agree to the applicant's admission in the D Pharmacy. I shall be responsible for the payment of all his/her fees and any other charges within the specified date. I shall also be responsible for his/her conduct and good 'behavior during the period of his/her college career. I will accept the decision of the Principal/Management in all matters of my ward as final. If at all we cancel the seat due to any reason. I give undertaking that we will pay the remaining years fees. He will attend the class regularly and we know 75 % attendance is must.

Date:

Signature of the Parent/Guardian

#### CHECKLIST FOR DOCUMENT ENCLOSURE ALONG

- |                                           |                                    |
|-------------------------------------------|------------------------------------|
| 1) 10th Marks Card, DOB (Original)        | 4) Passport Size Photo 8 Nos.)     |
| 2) 12th Marks Card/Equivalence (Original) | 5) Domicile Certificate (Original) |
| 3) Aadhaar Card Copy                      |                                    |

#### For Office use only

Admitted to : .....

Date : .....

Fee Collected Rs : .....

Principal : .....

Receipt No. : .....

Date : .....

**Principal**

**Accountant**