



COMMON ADMISSION FORM FOR UNDERGOING B.PHARMA (4-YRS) / D.PHARMA (2-YRS) COURSE

# **RUKMINI RAM COLLEGE OF PHARMACY**

(UNDER THE AEGIS OF RUKMINI RAM BUSINESS PRIVATE LIMITED )
RECOGNIZED AND APPROVED BY PCI, NEW DELHI
AFFILIATED TO ARYABHATTA KNOWLEDGE UNIVERSITY(AKU)-PATNA,BIHAR
PAPAUR TOLE NAWADA. SH-73, PATNA-SIWAN MAIN ROAD, SIWAN- 841227

IAI	AUR TOLE NAWADA, 511-75, TATNA-SIWAN MAIN ROAD, SIWAN- 041227
	tes should contain one letter. Put a 'Tick'(√) mark where it is applicable. The admission is sought:
>	2-yrs Full Time Diploma of Pharmacy(D.Pharma)  Affix recent Passport
>	4-yrs Full Time Bachelor of Pharmacy(B.Pharma) size colour photo with self-signed and crossed on Photograph
I.	Personal Details:
A.	Candidate's Name (in Block Capital)-
В.	Father's Name -
C.	Mother's Name -
D.	Nationality
E.	Date of Birth - (MM-DD-YYYY)
F.	Age (as on 01/07/2020)years. F. Gender - M F
G.	Religion - Hindu Muslim Christian Sikh Others
H.	Category - Gen SC ST OBC Others H. PWD – (Yes/No)  (Candidates belonging to SC/ST/OBC/PWD category must attach relevant certificate in support of claim as per govt. norms.)
I.	Monthly Family Income (in INR)-
J.	Languages Known – Language Read Write Speak Hindi English
	Other
L.	UID Number/PAN /Ration Card No. / EPIC No.

### **II.** Contact Details:

### A. Correspondence Address:-

Street/Vill													
City/Town													
PO													
Dist													
State									ΡI	N			

B. Permanent Address(If permanent address is same as correspondence then write down 'DO' only):-\_\_\_\_

Street/Vill													
City/Town													
PO													
Dist													
State									ΡI	N			

C. Contact Number: - Please give at least two active m	nobile numbers (personal & home)
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1. 2.	
<b>D.</b> State of Domicile:	
E. Name of the institution where studied last:-	
F. Were you ever disqualified by this or other University from appearing in any examination:-	Yes No
G. Is there any gap-period in your academic career? Yes No	
If yes, state reason:-	

### III. Educational Details:-

# Table-III/1( Both for D.Pharma & B.Pharma)

Sr. No	Examination	Institute Name	Board/Council /University	Stream	Subjects	Yr of passing	% of Marks	Division /Class
01	10 <sup>th</sup> /Matric							
02	10+2/							
03	Diploma							
04	Other(specify here)							

### Table-III/2

Sr. No	Mention English taught in 10 <sup>th</sup> standard / 10+2 <sup>nd</sup> standard	Full Marks	Marks Obtained	% of Marks

# Table-III/3 For D. Pharma Course Only

Sr. No	Mention the subjects like Physics, chemistry, Mathematics, Physical Sc., Life Sc., Biology etc. taught in 10 <sup>th</sup> standard	Full Marks	Marks Obtained	% of Marks

# Table-III/4 For B. Pharma Course Only

Sr. No	Mention the subjects like Physics, chemistry, Mathematics, Physical Sc., Life Sc., Biology etc. taught in 10+2 <sup>nd</sup> standard	Full Marks	Marks Obtained	% of Marks

# **RUKMINI RAM COLLEGE OF PHARMACY**

### Declaration by the Candidate:

I hereby solemnly affirm that I shall strictly abide by the rules and regulations of the College, as amended and enforced from time to time and also of the student's code of conduct & discipline rules as prescribed by the college & enforced from time to time. I am neither involved in any criminal case nor in any criminal case pending against me in any court of law. I have not been debarred / rusticated by the institution last attended /presently attending. If discovered even after confirmation of my provisional admission that I made a false or incorrect statement or concealed any fact or fraudulent means or such means have been used on my behalf for securing admission, I shall be liable to disciplinary action and cancellation of admission without prejudice to such action as the University may take against me.

disciplinary acti may take agains	on and cancellation of admission without prejudice to such action as the University st me.
entries made by	, hereby solemnly declare on oath that the me in the above columns are true to the best of my knowledge and belief and at any are found to be incorrect, my admission may be cancelled and disciplinary action may not me.
Date:	Name in BLOCK CAPITAL: -
Place:	Full Signature of the Candidate:
	<u>Declaration by Parent(s)/Guardian</u>
I, made by my sor	have gone through the declaration hadaughter/ward and agree to abide by all those declarations.
	that I agree to meet all expenses in the college during the period of his/her course of mpensate for any loss or damage caused by my son/daughter/ward to the college
Date :	Name in BLOCK CAPITAL:
Place :	Full Signature of the Parents/Guardian:-

# IV. <u>List Of Documents Need To Be Submitted For Candidates Seeking Admission To D.Pharma/B.Pharma:</u>

### Table IV

Sr. No	Item Name	Nos. of Copies Needed	D.Pharm	B.Pharm
01	ID Proof-Aadhar Card/EPIC(Voter Card)/PAN Card/Ration Card/Driving Licence/Passport	02	√	√
02	Date of Birth—Birth Certificate/10 <sup>th</sup> Standard Admit Card/	02	V	√
03	Passport Size Photograph with white Background Only, without any spectacle or Sunglass	05	√	V
04	Marksheets & Certificates starting from 10 <sup>th</sup> standards onwards all	Each one '02' copies	$\sqrt{}$	<b>√</b>
05	Diploma Marksheets of All Semester & Certificate	02	$\sqrt{}$	In case of Lateral Entry it is reqd.
06	Medical Fitness Certificate from Any Registered Medical Practitioner – One For Eye Sight and Another for General Fitness	In original	V	√
07	In case of reserved category (SC/ST/OBC/PCetc.) Certificate Issued by the competent authority	02	<b>V</b>	√
08	Any Other	02		

# For Office Use Only 1. All the information fields mentioned above filled correctly: 2. All the documents mentioned in Table-IV are duly checked and verified: 3. Recommendation for initial screening and shortlisting: 4. Not to be recommended for shortlisting due to 5. Allotement of Provisonal Institutional ID Number: RRCOP/DP or BP/2022/DP\_\_\_\_ or BP\_\_\_\_ Signature of the verifier Signature of the Accounts Officer Signature of the Registrar

Seal

Seal:

Seal: