

FORM OF APPLICATION FOR ADMISSION IN TO
DIPLOMA IN PHARMACY COURSE IN YCCP 2016-17

Affix your
passport size
Photograph firmly.

To be filled in by Candidate's own hand writing

1. Name of the Candidate :
2. Category Claimed : Open/Reserved 3. Religion----- 4. Caste----- 5. Date of Birth :
6. Nationality : 7. Sex : M/F 8. Marital Status :-----9. Mother tongue :
10. Permanent Home Address : Village/TownP.O. :
- Tal :Dist. : Pin :
11. Present Address : -----
(For Correspondence)-----
Contact Telephone/Mobile No. ----- 12. Father's Name : -----
-----Guardian's Name (If Father is dead) -----
-----Relationship with candidates : -----
Occupation : -----Address : -----
13. Name of the qualifying examination passed : -----Name of the University/Council/Board : -----
-----Year of Passing :No. of attempts :
-14. Subject passed and marks secured at the qualifying examination:

Name	Physics	Chemistry	Biology	Mathematics	English	Total
Full Marks						
Mark secured						
Total Marks	PCB=			PCM=		%

16. Document and Certificates enclosed: (Strike out if not enclosed)
- (i) Attested copy of certificate of H.S.C / equivalent examination. Yes/No _____
- (ii) Attested copy of the Marksheet of H.S.C / equivalent examination Yes/No _____
- (iii) Attested copy of mark list of SSC examination Yes/No _____
- (iv) Attested copy of certificate of S.S.C Yes/No _____
- (v) Attested copy of caste certificate Yes/No _____
- (vi) Attested copy of Non creamy layer Yes/No _____
- (vii) Attested copy Nationality Yes/No _____
- (viii) Fees paid Yes/No.-----

17. I, (Candidate) certify that all information furnished by me in this application are true. I undertake that if I am found to have furnished any false information or Withheld or concealed information to get advantage, my application shall be rejected, selection and/or admission shall be cancelled and such other action as deemed legally justified may be taken against me.

I certify that I do not suffer from mental disease and not subject to drug addiction.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

Date

Signature of the Applicant

18. Undertaking by Father / Guardian of candidate

I, Sri ----- (Guardian) son/wife of Sri ----- of (Address) ----- do hereby undertake to pay the required fees for admission of my son/daughter/spouse/ward-----; in the event of his/her selection or admission and I shall abide by the terms and conditions imposed by the Government/Management of the college regarding payment of fees throughout the period of his/her study.

Signature of the Parent/Guardian

Officer with his signature & seal Place.....date.....