1. Name of the College from which the candidate has passed Qualifying examination along with full address (Place , District , State)

District

State

2. **Name and Address of Parent's / Guardian's :**

Name

Address

3. **Declaration – I**

a) I hereby declare that the above information is true and complete to the best of my knowledge . I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected/admission will cancelled.

b) I have read and understood all the rules & provisions mentioned in the prospectus and hereby agree to abide by these rules & provisions.

Signature of Parent / Guardian

4. **Declaration – II**

a) I , the parent / guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child / ward to the Vidyabharati College of Pharmacy. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the rules . I also affirm and endorse the declaration amde above by my child /ward.

Place :-

Date

Signature of Parent / Guardian

Father's / Guardian/s Name :-

FOR OFFICE USE ONLY

Registration fee

Received in Cash , Receipt No.

vbcp/W/21/1

VIDYABHARATI COLLEGE OF PHARMACY,

C.K. Naidu Marg, Camp,

Amravati – 444 602

For admission to D.Pharm. / B.Pharm. M.Pharm. Year _____

Form No. NO.

APPLICATION FORM

- To be filled in BLOCK LETTER Handwriting only.
- IF NOT FILLED AS PRESCRIBED , THE FORM WILL NOT BE ACCEPTED.

1.Candidate's Name : (As given in class 10 th Certificate)

2. Sex

Male ☐ Female ☐

3. Date of Birth

D D M M Y Y Y Y

4. Candidate's Signature

Prinicpal's Remark

5. Address for Communication

6. Pin

7. State

8. Category

9. PCM Marks

Subject	Marks
Physics	
Chemistry	
Math	
Total	

10. PCB Marks

Subject	Marks
Physics	
Chemistry	
Biology	
Total	

11 Communication

STD Code Phone Fax

12. Year of Passing

HSC/10+2/12th Std. **D.Pharm.** **Appearing**

13. Qualifying Examination

Exam	Roll No.	Total Marks	Attempt

b