



R.M.E Charitable Trust

RAJPUTANA COLLEGE OF PHARMACY

Affiliated to AICTE, PCI, RGUHS, BEA

No.138/A, Lake view Street, Mariyannapalya, Hebbal Kempapura, Bengaluru-560024

Phone: 080-79632937 Mobile: 9344916401, 8870819226

Email: rajputana.cop@gmail.com

B.Pharm/D.Pharm/GNM Nursing Admission Form

Photo

Date of Admission:
Name:
Father Name:
Mother Name:
Gender:
Category: GM/OBC/2A/3A/2B/SC/ST
Date of Birth:
Blood Group:
Permanent Address:
Mobile No:
Parents Mobile No:
Aadhar No:
Email ID:
Nationality:
State:
Qualifying Exam:
Qualifying Exam Reg No:
Qualifying Exam Pass Month Year:
12th Board Name:
Optional Subjects: PCB/PCM/PCMB
Qualifying Exam Total Marks:
Qualifying Exam Obtained Marks:

1. I the undersigned, seek admission in your Institution/College/associated institutions through MOU. If admitted, I agree to bound by the rules and regulations inforce as well as those that may be framed in future by the Institution.

2. The Documents are submitted for admission are true particulars. I hereby, declare that I holdmyself responsible for the disciplinary behavior in the college premises.

3. I will clear all dues, payments as per the college time frame. The payment once done, will not be refunded under any circumstances.

4. If a candidate discontinues his/her course in the middle of duration the course, he/she has to pay the tuition fee for the total course. Then only, he/she is eligible to claim his/her all original documents submitted at the time of admission.

5. A candidate has to produce no dues clearance from Lab/Library/Mess/Hostel, then only he/she is eligible to get his/her hall tickets before any University/ Board exam.

Parent Signature

Applicant Signature

Place:

Remarks:

Principal

