

ISF COLLEGE OF PHARMACY, MOGA



ESTD. 1984

Admission Form 2019-2020

Applicant's Recent
Passport
Size
Photograph

Note: This Form is to be filled by the applicant in Capital Letters only. The name of candidate should be as per Matriculation Certificate.

Select Course

D. Pharm B. Pharm Lateral B. Pharm M. Pharm Pharm. D. Pharm. D (PB) Ph. D.

Order of preference for M. Pharm students 1. _____ 2. _____ 3. _____

(GPAT qualified students will be preferred for admissions and branch selection)

Personal Details

Examination GPAT Others Rank

First Name Last Name Category

If SC\BC\ST\OBC, Annual income of parents.....Date of Birth: Date Month Year Gender: Male Female

Email Alternate Email Nationality

Contact No(self) Mobile No.(Father) Mobile No. (Mother)

Sports Activity Blood Group Domicile

Hostel Facility Required: Yes No Adhaar Card No.

Previous Academic Record

	Roll Number	Session	Name of School/Board/University Last Attended	Maximum Marks	Marks Obtained	%age
Matric						
10+2						
D. Pharm						
B. Pharm						
M. Pharm						

Parents Details

Father

Name Occupation Email Mobile No.

Mother

Name Occupation Email Mobile No.

Guardian

Name Occupation Email Mobile No.

Permanent Address Correspondence Address Country
City City State
Pin Code Pin Code
Contact No. Contact No.

Declaration

I hereby declare that the information furnished by me in this form is true to the best of my knowledge and belief and nothing has been concealed. I also agree to observe and abide by all the rules and regulations (as amended from time to time) framed by University/Board & the Institution in respect of the courses of study, syllabi, scheme of examinations, & their conduct, fees, dues and other related matters. I further promise NOT to organize or participate in any protest rallies/demonstrations. I understand that the institute has full authority to initiate disciplinary action against me in case I violate or infringe the college rules and regulations. I certify that I am not involved in any unlawful or criminal activity and no case is pending against me in any court of law nor was I convicted by any court of law for any offence.

Dated:

Signature of the Applicant

Parent's/Guardian's Undertaking

I hereby undertake to make payment of fee and other dues to the institute on behalf of my son/daughter/ward by the prescribed dates. I am aware that any delay on my part to pay the dues may invoke imposition of fine. I also take responsibility for good behavior of my ward and endorse his/her declaration in this form given above.

Signature of the Parents/Guardian

Dated:

Name:.....

Place:

Relation:.....

Checklist of the Enclosures (photocopies)

- 1. Matriculation Certificate 2. Detailed marks card (10+2) 3. Two Passport Size Photograph 4. Character Certificate issued by the Institute last attended
- 5. Category Certificate (if any) 6. Detailed Marks Card of B.Pharm all year & GPAT Score Card (for M.Pharmacy)
- 6. Detailed Marks Card of D.Pharm 1st & 2nd year (for B. Pharm Lateral Entry) 7. Migration Certificate 8. Adhaar Card

For Office Use Only

The applicant _____ Son/Daughter of Shri/Smt. _____ is selected for admission to _____ course _____ for the academic year.

Admission Incharge

NOTE: RAGGING IN ANY FORM IS STRICTLY PROHIBITED. DEFAULTERS WILL BE EXPELLED FROM THE INSTITUTE AND FIR WILL BE LODGED AGAINST THEM.