

# ISF COLLEGE OF PHARMACY, MOGA



ESTD. 1984

## Admission Form 2018-2019

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. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

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

### Personal Details

Examination GPAT  Others  Rank

Date of Admission Date  Month  Year  Class Roll No.  University Roll No

(For Office Use Only) (For Office Use Only) (For Office Use Only)

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

### 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						
Any other						

**Parents Details**

**Father**

Name | Occupation | Email | Mobile No.

**Mother**

Name | Occupation | Email | Mobile No.

**Guardian**

Name | Occupation | Email | Mobile No.

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

**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**

- 1. Matriculation Certificate, 2. 10+2 Certificate, 3. One Passport Size Photograph, 4. Detailed marks card (10+2), 5. Character Certificate issued by the Institute last attended, 6. Certificate in support of the claim for admission under the reserved category, 7. Any other certificate in support of achievement in academics, sports, cultural or social activities.
8. Detailed Marks Card of GPAT Score Card & B.Pharm all year (for M.Pharmacy)
9. Detailed Marks Card of D.Pharm 1st & 2nd year (for B. Pharm Lateral Entry)

**For Office Use Only**

The applicant \_\_\_\_\_ Son/Daughter of Shri/Smt. \_\_\_\_\_ is selected for admission to \_\_\_\_\_ course \_\_\_\_\_ for the academic year. Admission fee paid vide receipt no. \_\_\_\_\_ date \_\_\_\_\_.

**Admission Incharge**

