



ISF COLLEGE OF PHARMACY
(An Autonomous College U/s UGC Act 1956)

ISF COLLEGE OF PHARMACY, MOGA

Admission Form 2025-2026

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	<input type="text"/>	Correspondence Address	<input type="text"/>	Country	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Pin Code	<input type="text"/>	Pin Code	<input type="text"/>		
Contact No.	<input type="text"/>	Contact No.	<input type="text"/>		

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.



ISF COLLEGE OF PHARMACY

(An Autonomous College)

GT Road, Moga-142001

AFFIDAVIT BY THE STUDENT (2024-25)

1. I _____ S/o/D/o Mr./Mrs. _____ have taken admission in _____ (course) at ISF College of Pharmacy, Moga. I have received a copy of the Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
 - I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Date:

Signature of deponent

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Date:

Signature of deponent



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SELF DECLARATION

I _____ (Candidate) Son/Daughter of _____ declares as under that:

1. I have taken admission in _____ course at ISF College of Pharmacy, Moga.
2. I agree to abide by the terms and conditions of the institute.
3. I understand that if any of the certificates submitted by me will not be approved by the concerned authorities and found fake or defaulty my admission shall be cancelled. I will be solely responsible for that in future.
4. I agree that my admission shall be cancelled if I am found to have submitted incorrect or incomplete information to the college authorities. I agree that in such case, fee paid shall not be refunded to me. Decision of the Principal in such a case will be final. I confirm that I have not been disqualified from any University.
5. I understand that the full fee paid by me on being admitted to the course is as per norms of the competent authority and that the fee is payable either by cash or bank demand draft or cheque in the name of "Principal, ISF College of Pharmacy, Moga" against a proper receipt. I know and agree that the fee once is not refundable.
6. I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees/dues paid once are not refundable.
7. If I, directly or indirectly, take part in any movement to create any kind of disturbance during the period of the aforementioned course, in the College or hold or address a meeting in the College or participate in any other activity which, in the opinion of the Principal/Dean Academics will undermine the College discipline or indulge in taking alcoholic beverages or hallucinogenic drugs; I agree that my name shall be removed from the rolls of the college. I agree that the decision of the college authorities in such matters shall be final and binding on me.
8. I agree to pay fee of current session (full year) if, I quit the course at any time after confirmation of admission and not claim any refund of fee.
9. If the college authorities find, on the basis of my attendance, results in the college examinations or my failure to take such examinations, that I am not a fit candidate to be promoted to the next year or to appear in a professional examination(s), I agree to be detained in the same class or be debarred from appearing in the University professional examinations.

Date _____

Signature of deponent