DASHAPRAMATHI EDUCATIONAL TRUST (R)
अक्षर औषध विज्ञानम् महाविद्यालयः
AKSHARA INSTITUTE OF PHARMACY
ಅಕ್ಷರ ಔಷಧ ವಿಜ್ಞಾನ ಮಹಾವಿದ್ಯಾಲಯ
SURVEY NUMBER : 1 / 4 , PARAGODU VILLAGE , BAGEPALLI TALUK , CHIKKABALLAPURA DISTRICT , PINCODE : 561207

PHONE: +919880081161 , +918762674569

(APPROVED BY P.C.I., NEW DELHI . , GOVERNMENT OF KARNATAKA . ,BANGALORE.)

Application Number : _____(to be filled by office)

APPLICATION FORM FOR ADMISSION TO PHARMACY

(ENCLOSE DD FOR RS. 100 IN FAVOUR OF THE PRINCIPAL AKSHARA INSTITUTE OF PHARMACY. PAYABLE AT BANGALORE)

SELECT THE COURSE D. PHARMA ☐

I . NAME OF THE CANDIDATE (IN BLOCK LETTERS AS PER 10TH MARKS CARD)

_____

II .

A . NAME OF THE FATHER

_____

B . OCCUPATION

_____

C . ANNUAL INCOME

_____

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III . DATE OF BIRTH

_____

IV . AGE

_____

V .

A . NATIONALITY

_____

B . RELIGION

_____

C . CASTE

_____

(STATE WHETHER BELONGS TO ANY RESERVED CATEGORY, IF SO SUBMIT PROOF)

VI . PERMANENT ADDRESS OF THE CANDIDATE

_____

_____

_____

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VII . PARTICULARS OF QUALIFYING EXAM

Qualifying Exam passed	Name of the Board or State	Regd. No. & year of passing	No of attempts	Total marks %	Marks obtained % in physics, chemistry, Math	optional

VIII . INSTITUTION AT WHICH THE CANDIDATE STUDIED DURING LAST SEVEN YEARS

(Give reasons for discontinuation if any in remarks column)

Course year	Name of Institution	Class	Medium	Remarks

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IX . EXTRA CURRICULAR ACTIVITIES

_____

X . NAME & ADDRESS OF A RESPONSIBLE PERSON FOR REFERENCE

_____

XI . ADDRESS PROOF NUMBER
(aadhar card , driving licence , voter id card , ration card , telephone bill , passport)

_____

XII . ID PROOF NUMBER
(PAN card , aadhar card , voter id card , passport)

_____

DECLARATION BY PARENTS / GUARDIAN

I, ... Parent or Gaurdian of.....
being admitted to D.Pharm Course in Akshara Institute of Pharmacy, Paragodu-561207 hereby declare that the information provided by the applicant is true and correct and if at a later date it is found that the information provided is incorrect or false, I understand that I will be liable for all legal consequences. I am responsible for the good behaviour and conduct of the applicant during the period of study of the course.

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DECLARATION BY THE CANDIDATE

I _____Daughter/Son of _____
hereby declare that the information furnished above is true to the best of my knowledge. I promise to abide by the rules & regulations framed by the college Authorities and also declare that I am liable for any disciplinary action taken by the college authorities in case of any violations or any default from my side. I hereby undertake to maintain strict discipline and code of conduct.

PHOTO AND SIGNATURE OF CANDIDATE

(Kindly submit 3 passport size photos to Office and attest 1 passport size photo on application form)

SIGNATURE	PASSPORT SIZE PHOTO

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