DASHAPRAMATHI EDUCATIONAL TRUST ®

अक्षर औषध विज्ञान महाविद्यालयः

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AKSHARA INSTITUTE OF PHARMACY

Survey No. 1/4, Paragodu Village, Bagepalli Taluk, Chikkaballapur District - 561207
Phone: +91 9880081161, +91 8762674569 | Approved by P.C.I., New Delhi and Government of Karnataka, Bangalore

ONLINE APPLICATION FORM FOR ADMISSION TO DIPLOMA IN PHARMACY (D.PHARM)

Application Fee: Enclose DD / proof of payment for Rs. 100 in favour of The Principal, Akshara Institute of Pharmacy, payable at Bangalore.

Application No. (Office Use)		**Academic Year**	20____- 20____
Date of Application	____/ ____/ _____	**Course**	[ ] D.Pharm

A. CANDIDATE DETAILS

Full Name of the Candidate (in block letters, as per 10th Marks Card)		**Affix Passport Size Photo**
Date of Birth (dd-mm-yyyy)	____- ____- _____	
Age	_____years	
Father's Name (in block letters)		
Father's Occupation		
Annual Income	Rs. _____	
Mother's Name (in block letters)		
Gender	[ ] Male [ ] Female [ ] Other	

B. ADDRESS, CONTACT AND GUARDIAN DETAILS

Permanent Address of the Candidate	
Present Address of the Candidate	
Mobile Number of the Candidate	
Email of the Candidate	
Name of the Guardian	
Mobile Number of the Parents	
Email of the Parents	
Name and Address of a Responsible Person for Reference	

C. ADMISSION, SOCIAL CATEGORY AND IDENTITY DETAILS

Candidate Type / Domicile / Nationality Category	[ ] Karnataka [ ] Non-Karnataka [ ] NRI
Name of the Country (NRI only)	
Mode of Admission	[ ] Government Seat [ ] Management Seat
Religion	[ ] Hindu [ ] Muslim [ ] Christian [ ] Sikh [ ] Jain [ ] Zoroastrianism [ ] Judaism [ ] Atheism [ ] Others
Category	[ ] GM [ ] OBC [ ] SC [ ] ST [ ] Minority
Caste / Sub-Caste	
Address Proof Number (Aadhaar / Driving Licence / Voter ID / Ration Card / Telephone Bill / Passport)	
ID Proof Number (PAN / Aadhaar / Voter ID / Passport)	
Extra-Curricular Activities	

D. EDUCATIONAL DETAILS	
10th Class Board	
10th Class Year of Passing	
12th Class Board	
12th Class Year of Passing	
12th Class Science Subjects	[ ] Physics [ ] Chemistry [ ] Mathematics [ ] Biology

E. MARKS IN PCM OR PCB

Subject / Calculation	Marks Obtained	Maximum Marks	Percentage
Physics			
Chemistry			
Mathematics			
Biology			
Average Percentage of PCM or PCB			

F. PARTICULARS OF QUALIFYING EXAMINATION

Qualifying Exam Passed	Name of Board / State	Regd. No. & Year of Passing	No. of Attempts

Total Marks %	Marks % in Physics, Chemistry, Math / Biology	Optional

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

Give reasons for discontinuation, if any, in the remarks column.

Course Year	Name of Institution	Class	Medium	Remarks

H. DOCUMENTS TO BE SUBMITTED / UPLOADED

For online submission: upload PDF or image as applicable. Each file should be clear, readable and within 10 MB.

Sl. No.	Document	Submitted	Office Check
1	10th Class Marks Card	[ ] Yes	[ ] Verified
2	12th Class Marks Card	[ ] Yes	[ ] Verified
3	Passport Size Photos	[ ] Yes	[ ] Verified
4	Aadhaar Card	[ ] Yes	[ ] Verified
5	Transfer Certificate / Migration Certificate	[ ] Yes	[ ] Verified
6	Signature of Parent or Guardian	[ ] Yes	[ ] Verified
7	Signature of Student	[ ] Yes	[ ] Verified
8	Caste / Category Certificate, if applicable	[ ] Yes	[ ] Verified
9	Income Certificate, if applicable	[ ] Yes	[ ] Verified
10	Any other document required by the College Office	[ ] Yes	[ ] Verified

I. DECLARATION BY PARENT / GUARDIAN

I, the Parent or Guardian of the student being admitted to the D.Pharm Course in Akshara Institute of Pharmacy, Paragodu - 561207, hereby declare that the information provided by the applicant is true and correct. 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.

[ ] I Agree

Signature of Parent / Guardian	Signature of Candidate

J. DECLARATION BY THE CANDIDATE

I, the student admitted to Akshara Institute of Pharmacy, hereby declare that the information furnished above is true to the best of my knowledge. I promise to abide by the rules and 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 violation or default from my side. I hereby undertake to maintain strict discipline and code of conduct.

[ ] I Agree

Signature of Candidate	Signature of Parent / Guardian	Passport Size Photo

K. FOR OFFICE USE ONLY

Application Received Date	____/ ____/ _____	**Receipt No.**	
Course	D.Pharm	**Admission No.**	
Documents Verified By		**Remarks**	
Eligibility Checked By		**Principal Approval**	[ ] Approved [ ] Pending

Do not write in this section - for College Office use only.