

PHOTO

Application Form No

PES COLLEGE OF PHARMACY
APPLICATION FORM

To be filled in by student. Use BLOCK letters only



STUDENT INFORMATION

First Name

Middle Name

Last Name

Gender

Male

☐

Female

☐

Date of Birth (dd/mm/yy)

Place of birth

Home state

Mother tongue

Nationality

Religion

Caste

Aadhar Card ID Number

Telephone Number

Email ID

PARENT INFORMATION

Mother's Name

Occupation

Telephone Number

Father's Name

Occupation

Telephone Number

Address with PIN Code

Email ID

LOCAL CONTACT / GUARDIAN INFORMATION

Name

Relationship

Telephone Number

Address with PIN Code

Email ID

COURSE APPLIED

Doctor of Philosophy (Ph.D.)

☐

Pharmaceutics

☐

Pharmaceutical Chemistry

☐

Pharmacognosy

☐

Pharmaceutical Analysis

Post Graduate

☐

Master of Pharmaceutics

☐

Master of Pharmacology

☐

Master of Pharmaceutical Analysis

☐

Master of Pharmacognosy

Undergraduate

☐

Bachelor of Pharmacy

☐

II Year Bachelor of Pharmacy (Lateral Entry)

Doctor of Pharmacy

☐

I Pharm D

☐

Pharm D Post Baccalaureate (PB)

ADMISSION QUALIFICATION

PUC / 10+2 / 12th Std

PCM/B %

Passed Year

Board

D. Pharm.

% of Marks

Passed Year

Board

B. Pharm.

% of Marks

Passed Year

University

M. Pharm.

% of Marks

Passed Year

University

ADMISSION TYPE

☐

Government / CET

☐

Management

☐

Admitted Under TFW
(Tuition Fee Waiver)

GPAT Exam Registration Number

GPAT Score

Valid from (dd/mm/yy)

Up to

☐

Reserve Category

Category as per Caste/ GPAT Score Card/Validity Certificate

☐

Physically Handicapped

☐

Economically Backward

Date of Admission (dd/mm/yy)

Academic Year

☐

Institute Fees Paid

Receipt Number

Date

ACCOMODATION

☐

Home

☐

Hostel

☐

PG

Address

☐

Hostel Fees Paid

Receipt Number

Date

HOW DID YOU COME TO KNOW ABOUT PES COLLEGE OF PHARMACY?

☐

Recommended by friend / relative

☐

Google

☐

Recommended by academic staff / student

☐

Institute representative

☐

Exhibition / Seminar / Conference / Aspiration

☐

Direct enquiry

☐

Newspaper

☐

Other (please specify)

DOCUMENTS ENCLOSED

- | | |
|--|---|
| <input type="checkbox"/> Class X/ equivalent marks card | <input type="checkbox"/> Migration Certificate (for Non Karnataka students only) |
| <input type="checkbox"/> Class XII/ equivalent marks card | <input type="checkbox"/> Industrial Training Certificate |
| <input type="checkbox"/> Graduation marks card | <input type="checkbox"/> Caste Certificate (in case of SC/ST/ Cat 1 students only) |
| <input type="checkbox"/> PDC/ Degree Certificate | <input type="checkbox"/> Eligibility Certificate (in case of SC/ST/ Cat 1 students only) |
| <input type="checkbox"/> Transfer Certificate | <input type="checkbox"/> Proof of payment made to RGUHS for Eligibility Certificate |
| <input type="checkbox"/> 5 passport size color photographs | <input type="checkbox"/> Passport & VISA (applicable for foreign nationals/ NRIs/PIOs only) |
| <input type="checkbox"/> No Objection Certificate (if any) | <input type="checkbox"/> Undertaking & Anti Ragging Affidavit |

Fee payment DD in favour of
PRINCIPAL, PES COLLEGE OF PHARMACY, Payable at Bengaluru

DECLARATION

I, _____, the candidate seeking admission to
_____ Program at PES College of Pharmacy, Bengaluru solemnly declare
that, I will strictly abide by the rules and regulations in force and those that may be framed hereafter and
will not indulge in any unsocial and anti-national activities. I will avoid any act of indiscipline and breach of
rules. I further agree to reimburse any damage of furniture, apparatus, etc., which may be caused by me. I
will adhere to the norm of 80% attendance in the college, failing which, I will not be eligible to appear for
the examination.

Signature of the Student

Date

Place

Signature of the Parent /Guardian

Date

Place

REMARKS (FOR OFFICE USE ONLY)

What Documents are Pending?

Admission Approval Status
