



Rashtriya Charitable Trust's
Rashtriya College of Pharmacy,
A/P-Hatnoor, Tal-Kannad Dist-Aurangabad

Provisional Registration cum Admission Form

To,
The Admission Authority
Rashtriya Charitable Trust's
Rashtriya College of Pharmacy,
A/P-Hatnoor, Tal-Kannad Dist-Aurangabad

PHOTO

I the undersigned, apply for admission to _____ year D. Pharm/ B. Pharm/ Direct Second Year B. Pharmacy in the academic year _____.

1. Name of the student (IN BLOCK LETTERS)

Surname _____
First name _____
Father's / husband's name _____
Mother name _____
Full name in devanagari _____
(Marathi) _____

2. Personal details

1. Gender :	_____	2. Caste:	_____
3. Date of birth:	_____	4. Category: (Open/ST/SC/OBC/SBC/NT)	_____
5. Religion:	_____	6. Blood group:	_____
7. Email Id :	_____	8. Student Mobile No :	_____
9. AADHAR :	_____	10. PAN :	_____
11. Nationality :	_____	12. Place of birth :	_____
13. Mother tongue:	_____	14. Marital status:	_____
15. Occupation of father/ guardian:	_____	16. Annual income of father / guardian	_____
17. Contact no of father / guardian:	_____	18. Email of father / guardian:	_____

Permanent address:

Phone no: _____

Local address:

Phone no: _____

Education Qualification:

Education	Year of passing	Name of the Board	Name of the School / College	Total marks	% of marks	Marks				
						Math.	Phy.	Chem.	Bio.	(PCM/PCB /PCMB) Total
SSC										
HSC										
D. Pharm (First Year)										
D. Pharm (Second Year)										
B. Pharm. ___Year										

Entrance Test (CET/ NEET):

Sr. No	Name of Exam	State Merit No	Marks	Maths	Phy.	Chem.	Bio.	Other	Total

Declaration of the applicant:

- I hereby declare that the information given above is correct.
- I agree to obey all the rules and regulations of the institute and undertake that I shall do nothing that will interfere with discipline of the institute. Otherwise any sort of disciplinary action can be taken against me.
- I accept that my admission will be confirmed only on production of all the required certificate along with transference transfer certificate from the previous college / education institute.
- As this course is full time course, I will attend the entire lectures, practical sessions, etc. which to be organized by the institute from time to time. As per rules of D.BATU, MSBTE, DTE.
- I will not claim any transfer from this institute during the entire period of the course.
- I had fulfilled the conditions for admission to course applied for, in case my admission is cancelled for whatsoever reasons from the institute. I will not claim any refund of fees and amount paid and I will not make any claim from institute of **Rashtriya Charitable Trust's Rashtriya College of Pharmacy, Aurangabad** or any other person to any law suit.
- I hereby submit to the disciplinary jurisdiction and the other officers and authorities of the society and the institute shall obey and abide by the rules made by the Head of the Institute.
- I hereby also agreed that so long as I am students at this institute, I will not do nothing inside or outside OF college premises which may result in disciplinary action under the rules prevailing or that may made here after or under the acts and laws in enacted by origination.
- I have carefully noted that rules and procedures of admission as given in the prospectus, which I am required to follow for getting admission to the said course and shall in matters of interpretation accept the decision, given by the principal / management in this respect as final binding.
- I Mr. /Miss. _____ is admitted to First /Second / Third/ Fourth Year B. Pharmacy/ Direct Second Year B. Pharmacy in this institute. I am ready to remit the fees as per norms fixed by Govt. of Maharashtra. If there is any hike in the fees declared by Govt. of Maharashtra, I am ready to pay the difference amount. I will not involve myself in any in disciplinary activities and abide by all rules and regulation of Govt. of Maharashtra.

Yours faithfully

Signature of Student

Signature of the Parents / Guardian

PRN No	:		Admission Date	:	
Reg.	:		Fees Receipt No	:	
Class	:		Eligibility No	:	
Roll No	:		Fee Category	:	
Division	:				

For office use only

Admitted at year B. Pharmacy/ D. Pharmacy	
	Direct Second year B. Pharmacy	
Fees paid at the time of admission		Date
Signature of accountant		
Signature of office superintendent		

Remarks of Admission Committee with Signature and Date
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Principal