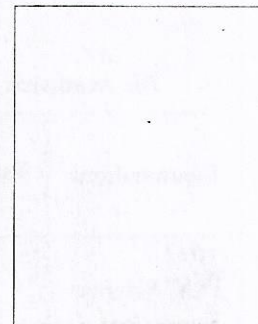


# RAMAN COLLEGE OF PHARMACY

Preethinagar, Laggere, Bangalore - 560058

Application for Admission to the  
**DIPLOMA IN PHARMACY**  
**PART - I**  
FOR THE ACADEMIC YEAR - 20 - 20



To,  
The Principal  
Raman College of Pharmacy  
Bangalore - 560058

Sir / Madam

- I) I the undersigned seek admission to "Diploma in Pharmacy Part-I" in your Institution if admitted, I agree to bound by the rules & regulations I force as well as those that may be framed in future by the Institution.
- II) I give below the necessary particulars & undertake that so long as I am the Student of the Institution, I will do nothing either or outside the Institution that will interfere with its discipline.
- III) I have attached the following original documents :
- 1) PUC / 10 plus 2 passing certificate
  - 2) Statement of marks of PUC II year/ Intermediate Science examination
  - 3) School Leaving / Transfer Certificate
  - 4) Character Certificate from head of the Institution last attended
  - 5) Physical Fitness Certificate

IV) 1. Full Name (Block Letters) :	
2. Permanent Address :	
or	
Correspondence Address	
with contact numbers	
3. Date & Place of Birth :	
4. Nationality Etc. :	
5. Marital Status :	
6. Name, Occupation & Address :	
of Parent / Guardian	
7. Mothers Name :	

(P.T.O)

8. Lat School/ College attended : (Specify the Name) :						
9. Religion & Caste :						
10. Academic information :						
Examinations	Reg. No.	Year of Passing	Marks Obtained	Total %	%Marks Physics Chemistry Maths	Name of University Board
10+2 or PUC Science or Equivalent						

Date : .....

Place: .....

Signature of the applicant

I here by declare that I hold myself responsible for the timely payment of all dues payable to the College of Pharmacy, Bangalore, in respect of my ward Named ..... during that period of his / her study at your Institution & thereafter till the accounts are closed.

I also hold myself responsible for the disciplinary behavior of my ward.

Relationship with the applicant : .....

Signature of Parent / Guardian

Date : .....

Place : .....

FOR OFFICE USE ONLY

Date :

Place :

Principal  
Raman College of Pharmacy  
Bangalore - 58