



**B. CONTACT DETAILS :**

Current Address for Correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Telephone (with code) \_\_\_\_\_

\_\_\_\_\_

Father's Mobile Number

\_\_\_\_\_

Student's Mobile Number

\_\_\_\_\_

\_\_\_\_\_

Father's / Mother's Email ID

\_\_\_\_\_

PAN Number: (To be filled compulsorily)

\_\_\_\_\_

(Father's)

Aadhaar Card Number of the student

\_\_\_\_\_

Place of residence - Urban / Rural :

Hostel Required :

Yes

No

Permanent Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Telephone (with code) \_\_\_\_\_

\_\_\_\_\_

Mother's Mobile Number

\_\_\_\_\_

Local Gaurdian Mobile Number

\_\_\_\_\_

Studnet's Email ID

\_\_\_\_\_

(Mother's)

### C. ACADEMIC QUALIFICATION (12th STD)

Qualifying Exam Passed	College	Board / University	Register Number	Marks		%
				Maximum	Obtained	

### D. MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Subject	Marks		Percentage
	Maximum	Obtained	
Physics			
Chemistry			
Biology / Mathematics / Bio-Technology			
Total			
English			

### E. DECLARATION BY THE STUDENT

I have carefully read the details regarding the admission to the B.Pharm / M.pharm course, I declare that the information provided by me in this application is true and correct to the best of my knowledge, Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forego the allotted seat, In all matters regarding my admission to the course, the decision of the College is final and binding. I am also aware that the college will not refund the fees either in full or in part, under any circumstance. If I intend to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the course. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Bangalore or the Honourable High Court of Karnataka.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

## F. DECLARATION BY THE PARENT / GUARDIAN

(to be signed by the guardian only if both parents of the applicant are not alive)

I \_\_\_\_\_ hereby affirm that the information provided and enclosure submitted thereto in this application of my son / daughter / ward \_\_\_\_\_ for admission to the B.Pharm/ M.Pharm course is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and he/she will forego the allotted seat. I am aware that in all matters regarding his / her admission to the course, the decision of the College is final and binding. I am also aware that the College will not refund the fee either in full or in part, under any circumstance, If my ward decides to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues for the remaining duration of the course. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Bangalore or the Honourable High Court of Karnataka.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent / Guardian  
(If guardian, mention relationship)

### GUIDANCE NOTES

You should ensure that you have filled in all the required information.

**Please ensure that you have submitted the following documents along with the form.**

#### Attested Photocopies of 2 sets

- \* 12th std. marks card / pass certificate
- \* 10th std. pass certificate for proof of date of birth.
- \* Aadhar Card, TC, Migration / Eligibility Certificate, Birth Certificate copy of the student, Blood group certificate of student and PAN card of parent.
- \* 6 passport and stamp size photos of student.

Signature of Director

Signature of Principal

**The application form with all enclosures should be forwarded to :**

### **Nitte College of Pharmaceutical Sciences**

Nitte Campus, Gollahalli, Govindapura, Yelahanka, Bangalore - 560 064

Phone: 8792409454 / 8904135466

E-mail: admission.ncpsb@nitte.edu.in