



Sri K.VENKATAPATHEPPATRUST ®
Estd-1984-85

SRI K.V. COLLEGE OF PHARMACY

(Recognized by AICTE & PCI, New Delhi. Affiliated to RGUHS Bangalore)

M.G. ROAD, CHICKBALLAPUR-562101. Tel.No. 08156-

272721, email-ID:srikvcp@gmail.com

APPLICATION FOR ADMISSION TO THE **FIRST YEAR OF**
B. PHARMACY COURSE

Admission No. _____

Date _____

PERSONAL DETAILS

Name: Mr./Ms./Mrs.: _____

Date of Birth : _____ (DD/MM/YY)

Sex: Male Female

Blood group _____

Nationality: _____

Mother Tongue: _____ Religion: _____

Caste _____ (if SC/ST enclose caste certificate) Caste Category _____

Permanent Address: _____

PIN Code _____

Student Mobile No. : _____

Email: _____

Father/Guardian's Name: _____

Occupation: _____ Annual Income: _____

Father Mobile No. : _____ Mother Mobile No. : _____

Father Aadhaar No _____ Name as in Aadhaar : _____

Mother Aadhaar No _____ Name as in Aadhaar : _____

Student Aadhaar No: _____ Name as in Aadhaar : _____

Email id Father: _____ Email id Mother : _____

ACADEMIC RECORDS (Enclose 10th class/10+2 marks card and T.C.)

Name of Institution/ Board	Reg.No.	Month & Year of Passing	Marks Obtained	Max Marks	PCM Marks obtained	Percentage (%)

Signature of the Parent/Guardian

Place:

Signature of the student

Date:

FOR OFFICE USE ONLY

Admitted to.....B.Pharmacy, fees paid Rs.....Rt No.....Dt.....

Case worker

Office superintendent

Principal

Affix your
recent
colour
photograph

DECLARATION BY THE CANDIDATE

I hereby give an undertaking that:

If I am admitted to the B./D. Pharmacy course in Sri K.V. College of Pharmacy, M.G. Road, Chickballapur.

- i) I will be governed by the Rules and Regulations framed already, or which would be framed in future with regard to the B./D. Pharmacy course.
- ii) I will abide by the Schemes of the instruction and Examinations, also Rules and Regulations in respect of attendance, passing percentage and percentages applicable to the award of division etc., as applicable to the B./D. Pharmacy course.
- iii) I fully understand that my admission will stand cancelled in case my character \ conduct is found to be not satisfactory during the course of study. Concerned authorities.

I also declare that the statements made by me in this application are complete and correct. I have not suppressed any information. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false.

Date:

Signature of the candidate:

**DECLARATION TO BE SIGNED BY THE FATHER\
GUARDIAN**

I agree to the Applicant's admission to the B. / D. Pharmacy course at Sri K.V. College of Pharmacy, M.G. Road, Chickballapur. I shall be responsible for the payment of all his/her fees and other charges. I shall be responsible for his\her conduct and good behavior during the period of his/her college career. I endorse that the information furnished by my son/daughter/ward is true to the best of my knowledge.

Date: _____

Signature of Father\Guardian

Admitted in _____

Principal

UNDERTAKING TO BE GIVEN BY THE STUDENT ADMITTED TO

SRI K.V. COLLEGE OF PHARMACY

M.G.ROAD, CHICKBALLAPUR-562101.

ADDITIONAL INSTRUCTIONS TO THE CANDIDATE AND UNDERTAKING TO BESIGNED BY STUDENT AND PARENT.

1. The students are expected to be regular in their class-work and should conduct themselves in a disciplined manner not only within the premises of the college but also outside. They should abide by such rules of discipline and conduct as stipulated by the college form time to time.
2. The Principal of the college is the final authority as regards the discipline in the institution and has full powers to suspend, fine, rusticate or take any other action which is deemed necessary.
3. No student unions except professional associations are permitted in the college.
4. The college premises and building should be dept clean. Writing and striking up of posters and note ices on the building wall is strictly prohibited.
5. Any student responsible for bringing outsiders into the college campus for settling student disputes will be expelled form the college.
6. Smoking, consumption of alcoholic drinks, gambling of any kind is prohibited within the college premises. Any student found in the college premises in an intoxicated. Condition at any time will be summarily expelled form the college without any enquiry.
7. Students of Sri K.V. College of Pharmacy, M.G. Road, Chickballapur, are not permitted to resort to strikes and demonstrations within the college and **ragging is prohibited**. Participation in any such activity shall automatically result in dismissal from the college and further acting will be initiated.
8. The students are informed that they should furnish the latest addresses of their Parents / Guardians in the College Office. Any change of address of the Parents or Guardians should also be informed immediately in the college office.
9. There is no hostel facility. Students are to make their own arrangements for their boarding and lodging.
10. The Students may go for industrial Tours at their own expenses. The College will not defray any expenses of the tour.
11. Students shall not object if their Parents/Guardians are contacted in regard to their irregularity in attending classes default in payment of fees poor performance and failure I examinations.
12. Student should attend classes regularly and they will be eligible to appear for final examination only, if they have not less than 85% attendance in individual subjects of the year or semester. Shortage of attendance up to 10% may be condoned on medical grounds (proof should be produced) Student should intimate in the office of the Principal if he / she is unable to attend classes for any of the reasons, in writing.
13. Use of Cell phones are restricted /banned in the college campus during

I have gone through the above 13 conditions and will abide by all the conditions failing whichthe Principal may take any action deemed necessary in the matter.

Signature of the Parent/ Guardian

Signature of the candidate:

Date:

DECLARATION

To

The Principal,
Sri K.V. College of
Pharmacy, M.G. Road,
Chickballapur-562101.

Date: _____

Sir,

I _____
_S/o., D/o. Sri/ Smt. _____ having been admitted
into I year _____ at Sri K.V. College of Pharmacy, M.G. Road, Chickballapur, during the
academic year _____. I am aware that in case for any reason for
discontinuation (including due to failing in the exams leading to discontinuation) of my
studies at Sri K.V. College of Pharmacy, MG Road, Chickballapur. I will pay the full amount
of tuition fee which I would have paid, had I continued my course up to completion, failing
which my original certificate could be confiscated and Transfer Certificate need not be issued
to me. Further the college can take any other steps that it deems fit for recovery of fee due
from me.

Thanking you,

Yours faithfully,

Signature of the Parent/ Guardian

Signature of Candidate

DECLARATION BY PARENT/ GUARDIAN

I will pay the fees stipulated by the college authorities from time to time. I will bear
responsibility for the good conduct and character of my son / daughter during his /her stay in
the college and for attending of classes to put required 85% of attendance in each & every
subject of the course.

Date:

Signature of the Parent / Guardian