ATHARVA COLLEGE OF PHARMACY

DHANORA, DURG 491001 (C.G.)

Approved by : Pharmacy Council of India.
Affiliated to : CSVTU University, Durg (C.G.)

APPLICATION FORM

INSTRUCTIONS :

1. Before filling the application form kindly read instructions given in the brochure carefully.
2. Use black/blue/ball, pen and capital letters for filling this form.
3. Attach all necessary Document any evidences.
4. Tick ( ) in the appropriate box.

For Office Use Only

1. Course applied for _____
2. Adhaar No.
3. Name of Candidate
4. Father's Name
5. Mother's Name
6. Date of Birth
7. Father's Occupation
8. Phone No. — STD Code / Phone Number / Mobile Number
9. Sex — Male / Female
10. Category — SC / ST / OBC / GEN
11. Nationality — Indian / Non Indian
10. University Enrollment No. / Medium

11. **ACADEMIC QUALIFICATIONS :**

Educational Qualification	Name of the School/College	Name of the Board or University	Subject Studied	Year of Passing	% of Marks

13. DECLARATION BY THE CANDIDATE

I here by declare that all the particulars furnished by me in this application are true to best of my knowledge and belife. I have read all the contents and the terms and conditions of college and I shall abide by them. In the event of suppression or distortion of any fact like category, qualification, nationality, etc. given in my application form, I understand that if already admitted, my admission/ degree acquired is liable for cancellation. I also Understand that the decision of the College Management regrading my admission will be final and I shall abide by the same. Futher, if admitted, I Promise to abide by the rules and norms and discipline of the College.

Signature of the Candidate

14. DECLARATION BY THE PARENT/GUARDIAN

I here by declare that have known the financial obligation of my ward and I can afford to pay all the costs and I undertake to pay the tuition and other fees payable to the College under the rules in force an which may be framed from time to time by the management. I am aware the fee paid to the college for admission will be forfeited in case of his/her discontinuation of the studies on any reason. I also stand by the declaration given by my son, daugther/ward to the college.

Signature of the Parent/Guardian

15. Your complete mailing address including Name,Area, Pin Code.

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Candidate's Signature

Contersigned by Parent/Guardian

Date -

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