



Form No:.....

HINDU COLLEGE OF PHARMACY, SONEPAT

Approved by All India Council for Technical Education & Pharmacy

Council of India, New Delhi

Affiliated to HSBTE, Panchkula & Pt. B.D. Sharma University of Health
Sciences, RohtakApplication form for admission to D.Pharm, B.Pharm, B. Pharm (Leet) M.Pharm (Pharmaceutics)
(2020-2021)Affix Your
Scanned Recent
Passport Size
Photograph

Class you wish to Join: _____

Full Name: _____ Date of Birth: _____ Male/Female: _____

Marital Status: _____ Age as on 31/12/2020: _____

Residential Address: _____

PIN: _____ Tel. (R): _____

Father's Name: _____ Father's Occupation: _____ Father Contact No. _____

Mother's Name _____ Mother's Occupation: _____ Mother Contact No. _____

Caste: _____ Category: _____ Religion : _____

Nationality: _____ Reg. No. _____

Annual Income (Annual): _____

Adhar No. _____ Email:- _____

Educational Qualification:-

S.N O	CLASS	Roll No.	SCHOOL/ BOARD	SUBJECTS	MARKS		%age / CGPA
					TOTAL MARKS	MARKS OBTAINED	
1	10 TH						
2	12 TH						
3	D. Pharmacy						
4	B. Pharmacy						
5	Others						

***Applicant should be sent us Application form with self attested photocopy of the above certificates by email on hcpadmission78@gmail.com .**

***Admission regarding any query please contact:- 9354806431**

ACADEMIC RECORD:-

Academic Distinctions/Awards, if any: _____

Extra Curricular Activities & Achievements: _____

HOBBIES:-

DECLARATION

I have carefully read the admission eligibility requirements and state that my candidature is liable to be cancelled if found ineligible for admission at any stage.

Date: _____

Signature of the Candidate

Signature of the Guardian

Undertaking by the Applicant/Parent

1. I, _____ D/O, S/O Shri _____ verify that my daughter/son is seeking admission with my consent. I hereby undertake that I shall be personally responsible to the institute for payment of all his/her dues as the Institute has laid down from time to time.
2. I have read the rules and regulations and I understand that my son/daughter has to undergo obligating practical training for specified period in accordance with relevant academic curriculum. I agree that in the event of my ward being placed in an industrial organization within or outside Sonepat, for such practical training. I will not raise any objection for his/her being so placed. Further I agree that the Institute shall not be held responsible if any mishap/hit may occur during his/her tenure with the institute.
3. I hereby certify that the particulars submitted by my son/daughter are correct.
4. I verify that I shall not raise any objection if my ward is suspended/rusticated from the institute due to his/her participation in any unlawful activity.
5. I verify that I shall not raise any objection if my son/daughter is suspended /rusticated form the institute if found in any ragging activity.
6. I understand that no refund will be made if my ward discontinues the course in between or withdraws prematurely from his/her course.
7. I understand that 75% attendance is mandatory according to University/HSBTE norms. Thus the institute can debar my ward from the examinations including internal examinations in case he/she does not fulfill the above attendance norms.

Date _____

Place: _____

Signature of Father/Guardian

Candidate's Signature

For Office use only

(Recommended/Not Recommended for Admission)

Admission No. _____

Admitted

Receipt No.

Date

Amount

Admission Coordinator

Office Superintendent

Principal