



Form No:-.....

# HINDU COLLEGE OF PHARMACY, SONEPAT

Approved by All India Council for Technical Education &amp; 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)  
(2021-2022)Affix Your  
Scanned Recent  
Passport Size  
Photograph

Course you wish to Join: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age as on 31/12/2021: \_\_\_\_\_

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): \_\_\_\_\_

Aadhar No. \_\_\_\_\_ Email:- \_\_\_\_\_

**Educational Qualification:-**

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

**\*Applicant should send Application form with self attested photocopy of the above certificates via email on [hcpadmission78@gmail.com](mailto:hcpadmission78@gmail.com) .**

**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 80% 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 Co-coordinator**

**Office Superintendent**

**Principal**