

Roorkee College of Pharmacy

*Run by: Noble Christian Educational & Religious Trust
A Christian Minority Institution*

09 Milestone, Roorkee Dehradun Highway Kishanpur, Roorkee, Distt. Hardwar Uttarakhand, India.

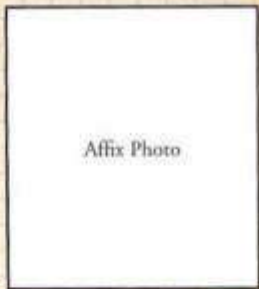
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•Mob.: 9897600582.

e-mail:- rcpuniverse09@gmail.com • www.rcpcollege.org

APPLICATION FOR ADMISSION

1. Name Mr./ Ms. :
- (In Block Letters)
2. Date of Birth :
3. Father's / Mothers / Guardian's : (a)Father.....
- Name & Occupation : (b)Mother.....
- and Postal Address
4. Local Address :
- and Phone No.
5. Permanent Address :
6. Nationality :
7. Course of Study : (1).....
- (in order of preference) : (2).....
- : (3).....
8. Educational Qualifications :
9. Entrance Examination / AIEEE rank :
10. Percentage of Marks in PCM/PCB (10+2) :
11. Record of Education (for last four years) :



Affix Photo

(Attach 5 copies of Passport size photograph)

Examination Authority	Examination Passed	Year	Subject	% Marks

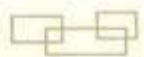
- Note :
- 1) Admission strictly on merit basis.
 - 2) Registration fee is non-refundable provided the applicant fails to seek admission in the available branch opted for.

DECLARATION

I, hereby declare that the statements made in this form are true to the best of my knowledge and belief, I have read in detail the rules and regulation of the College regarding attendance, discipline and payment of fees and agree to abide by them. I will not claim any refund of fees.

Signature of Father / Guardian

Signature of the Applicant
Date:



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Father's/Guardian's Undertaking

My Son / Daughter/Ward is seeking admission with my consent and in the event of his or being admitted to the Roorkee College of Pharmacy Roorkee, Uttarakhand (R.C.P) I understand & will be personally responsible for:

- (1) His / Her good conduct and behaviour during his / her stay at the college.
- (2) Return of books issued to him / her stay in college.
- (3) Any other liability related to this / her stay in the college.
- (4) The student will not be allowed to sit for sessional or final examination unless the fee has been paid by due date.
- (5) The fees for subsequent years should be paid on or before 10th April of each year.
- (6) A delay beyond 15 days in the payment of fee renders the student's name liable to be struck off the rolls.

Further, I undertake to pay his / her fees, hostel, canteen dues, and other expenses in the campus and on educational tours. I also agree that he / she will submit to the discipline of the college as administered by the Principal.

Place :

Date:

Signature of Father / Guardian
Name & Address

Undertaking by the Student

1. I declare that have not been debarred from joining any educational institution or rusticated from the Institution / University/ Board last attended.
2. I declare that all the statements made in application by me are true to the best of my knowledge and belief. I clearly understand that if any of the statement is subsequently found untrue, my admission to the college would stand cancelled.
3. I have read the prospectus and instruction incorporated therein carefully.
4. I have satisfied myself that I fulfill the minimum educational, physical and medical standards and that I agree to be removed from the Institution if found deficient in these standards during the course of my stay in the college.
5. I agree that admission may be granted to me on the conditions stated in the latest edition of the prospectus / syllabi prescribed by the Roorkee College of Pharmacy Roorkee, Uttarakhand or such modifications thereof - as may be made by the authorities
6. I have read the rules, regulations & code of conduct as prescribed by Roorkee College of Pharmacy and I promise to abide by them and those that may be made in future, for the admission to the college and its hostel, I also promise that I will do nothing inside or outside the college that will interfere with its discipline.

Place :

Date:

Signature of the Applicant