



# GAYATRI COLLEGE OF PHARMACY

Gayatri Vihar Jamadaripali, Sambalpur, Orissa- 768101

## FOR OFFICE USE ONLY

Intimation No. :  
Date Of Counselling :  
Course Title:

Photograph  
attested by a  
Gazetted  
Officer

## APPLICATION FORM

To be filled by the candidate's own handwriting

1. Name of the Candidate : \_\_\_\_\_

(IN BLOCK LETTERS)

2. Course applied for : \_\_\_\_\_

3. Date of Birth : \_\_\_\_\_

(As recorded in H.S.C. Certificate)

4. Nationality : \_\_\_\_\_

5. Sex : \_\_\_\_\_ 6. Marital Status: \_\_\_\_\_

7. Father's Name : \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_

S.T.D. Code \_\_\_\_\_ Tel. No. \_\_\_\_\_ (O)

Tel. No. \_\_\_\_\_ (R) Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

9. Present Address : \_\_\_\_\_

(For Correspondence)

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_

E\_mail : \_\_\_\_\_

10. (i) Name of the Qualifying : \_\_\_\_\_

(ii) Year of Passing : \_\_\_\_\_

(iii) No. of chances taken to pass the : \_\_\_\_\_

Qualifying Examination.

## 11. Educational Qualification

Name of the Examnaton	Name of the School or College	Name of the Board Council/ University	Total Marks obtained/Total Marks	Percentage obtained	Division

## 12. Documents and Certificate to be Enclosed:

- i) Attested Copy of H.S.C. or equivalent Examination Certificate issued by Board/ Council/ University as evidence of Age. **Yes/No**
- ii) Attested copy of pass certificate of qualifying exam. ( 10+2 or equivalent/B.Pharm) **Yes/No**
- iii) Attested copy of Marksheet of Qualifying Examination **Yes/No**
- iv) One recent Passport Size Photograph duly attested & fixed in the space Provided & other 3Nos. of passport Size photos to be affixed in the form. **Yes/No**
- v) Attested copy of the Conduct Certificate issued by the Principal of institution last studied **Yes/No**
- vi) Particulars of bank draft or original receipt of purchase of application form.(Rs. 200/-) **Yes/No**
- vii) Attested copy of certificates in support of category claimed. **Yes/No**  
\*(SC/ST/PH/GC/NRI)
- viii) Attested copy of residential/nativity certificate for candidates who claim as permanent resident of Orissa. **Yes/No**
- ix) One self addressed envelop affixed with stamp worth Rs.5/- for communication. **Yes/No**
- x) Post Dated Cheques of subsequent years payment.(To be submitted after confirmation of admission. **Yes/No**

13.

I certify that all informations furnished by me in this application are true. I understand that if I am found to have furnished any false informations or with held or concealed information to get advantage, my applications shall be rejected, selection and/or admission cancelled and such other action is deemed legally justified may be taken against me.

I certify that I do not suffer from mental disease and not subject to drug addiction.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

I also declare that if I get admitted I shall abide by all rules and regulation of the College imposed from time to time.

**Signature of Applicant:**

**Date:**

**Place:**

**Signature of Guardian:**

## UNDERTAKING

I \_\_\_\_\_ S/o. \_\_\_\_\_  
At/Po- \_\_\_\_\_ Dist. \_\_\_\_\_ do hereby undertake that I  
have total course fee payable in Rs. \_\_\_\_\_ ( \_\_\_\_\_ ) which will be  
paid per annum installment wise. Presently I am paying Rs. \_\_\_\_\_ ( \_\_\_\_\_ )  
towards course fee of D.Pharm / B.Pharm 1<sup>st</sup> Year. The subsequent instalments will be paid as per the  
following term periods in the form of D.D. drawn in favour of Gayatri College of Pharmacy, payable at  
Sambalpur.

I further undertake that if the installment due is not paid in proper time as specified, The  
management may impose late fine as decided from time to time. If the dues are till not realized I have  
no objection if my studentship is rejected or any action taken thereof. Further I undertake & declare  
that if the course is discontinued by me for any reason, than as per the decision of the Hon'ble  
Supreme Court of Indian in their judgement "Unnikrishnan Vs. State of Andhra Pradesh", I will pay the  
total amount of course fee (4 years course fee for B.Pharm or 2 years Course Fee for D.Pharm) as  
mentioned above.

Date	Amount	D.D.No. & Date	Receipt No. & Date

Documents not submitted at the time of admission

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Name of the Student**

**Signature of Guardian**