

Ph : 0870- 3203543



CARE COLLEGE OF PHARMACY

(Approved by AICTE & PCI New Delhi; Affiliated to KU, Warangal; Recog. by Govt. of A.P.)
Oglapur (V), Atmakur (Mdl), WARANGAL (Dist)

E mail: carecollegeofpharmacy@gmail.com

Website: www.carecollege.com

Latest
Passport size
Colour
Photograph

Course Applied :

1. Full Name (In Block Letters) :(M/F).....
2. Father's / Guardian's Name :
3. Mother's Name :
- (i) Occupation / Designation :
- (ii) Annual Income (from all sources) :
4. Date of Birth & Age :

Date	Month	Year	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Place of Birth : Town : Mdl :
Dist. State:.....
6. Permanent Address :
7. Address for Correspondence :
- Phone: Mobile No.
8. Are you a Local or Non-Local Candidate:
9. Community :
Indicate whether SC/ST/BC/A/B/C/D
(If so, enclose a copy of the Certificate
Issued by the Revenue Authorities) :
10. Educational Qualifications :

a) Particulars of the Qualifying Examinations:

Board/Institute/ University	Year of Passing	Division & Marks	Percentage	Optional Subjects

b) EAMCET/ECET/GPAT/PGCET Particulars:

Year	Hall Ticket No.	Stream/Course	Rank	Percentage & Marks

11. Furnish the following details for the four/seven consecutive academic years ending with the month and year mentioned in Col.9 (a) above. Study/Bonafide Certificate from Heads of Institution(s) should be enclosed as proof.

Academic Year	Class in which studied during the year (If did not study in any year state so and specify the reason in remarks column)	Name of the Institutions & Place	Remarks
VIII Class			
VIII Class			
IX Class			
X Class			
Intermediate (Junior/Senior)			
Degree			

12. Identification (Marks as per SSC) : 1.
2.

13. Certificate Enclosures :

- | | | | |
|---|--------------------------|--------------------------------|--------------------------|
| 1) Rank Card of EAMCET/ECET/GPAT/PGCET | <input type="checkbox"/> | 6) Study/Residence Certificate | <input type="checkbox"/> |
| 2) Hall Ticket of EAMCET/ECET/GPAT/PGCET | <input type="checkbox"/> | 7) Caste Certificate | <input type="checkbox"/> |
| 3) SSC/SSLC/Matriculation /Degree of Equivalent Examination | <input type="checkbox"/> | 8) Transfer Certificate | <input type="checkbox"/> |
| 4) Memorandum of Marks of Qualifying Examination | <input type="checkbox"/> | 9) Income Certificate | <input type="checkbox"/> |
| 5) Provisional Certificate of qualifying Examination | <input type="checkbox"/> | 10) Others | <input type="checkbox"/> |

Clerk

Principal

DECLARATION BY THE CANDIDATE

I hereby furnish the undertaking that:

- i) I will be governed by the rules and regulations framed already or which would be framed in future with regard to the B.Pharm/M.Pharm Postgraduate course.
- ii) I will abide by the schemes of instruction and examinations, rules and regulations in respect of attendance, passing percentage and percentages applicable to the award of division, etc., as applicable to the B/M.Pharmacy course of Care College of Pharmacy.
- iii) I also declare that the statement made by me in this application are complete and correct. I have not suppressed any information. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false.

Date:

Signature of the date Candidate

DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN

I agree to the applicant's admission to the B/M.Pharmacy at Care College of Pharmacy, Oglapur, I shall be responsible for the payment of all his fees and other charges. I shall be responsible for his/her conduct and good behavior during of his/her college career. I endorse that the information furnished by my son/daughter/ ward is true to the best of my knowledge.

Date:

Signature of the Father/Guardian

UNDERTAKING

I _____ S/o or D/o _____ and resident of _____ seeking admission into “Care College of Pharmacy, Oglapur, Atmakur, Warangal” do hereby state that I have understood the following rules and instructions pertaining to the general conduct , regularity and financial matters and undertake to strictly abide by the same.

REGULARITY TO CLASSES, CONDUCT AND DISCIPLINE :

1. I shall be regular to the classes and put up required attendance in each subject failing which I have no claim for the test of examination.
2. I shall conduct myself both with in and outside the campus of the institute in such a manner to maintain the prestige and status of the institute.
3. I shall maintain highest degree of discipline and follow all rules made by the institute form time to time in this regard. I shall not encourage , incite ,organize or participate either directly or indirectly in ragging of students , strikes , demonstrations and such other acts within the institute campus or outside the campus.
4. In case the management of the institute feel it necessary, I have no objection if my parents or guardian are informed about my irregularity in attending classes or non-submission of classwork or misconduct or any acts or indiscipline or default or payment of fees or any such other matters.
5. I shall not insist in holding students association , election boycotting classes etc. I shall participate in all educational tours and visits as and when organized by the institute and pay necessary expenses involved.
6. I am fully aware that the management could not provide any hostel facility for boarding or lodging.
7. I shall maintain the college premisses clean and neat and shall not indulge in writing or sticking posters or notices on the walls of the building or campus of the institute.
8. I shall not be absent to the classes without taking permission from principal.
9. In case I fail to follow any of the above conditions, the management is free to take any action by suspending me from classes, or any other action they deem it fit.

FINANCIAL :

1. I shall pay all the fees stipulated by the institute / State Govt. from time to time within stipulated dates till I complete my study.
In case I discontinue my studies for whatever reasons it may be, I shall pay the fee for the full course as if I have contained course without dis-continuance failing which the management is free to confiscate my original certificates and withhold issuing transfer certificate to me.
2. I fully understand that management is not responsible for securing scholarship or reimbursement of any fee from any organisation including the State govt. however I note that management will forward my application to any organisation for award of scholarship with the due recommendation as per rules.
3. I shall pay the tuition and other fee as prescribed by the institution / state govt. before the date stipulated without waiting for the award of scholarship or results by the state govt. or any other organisation , even though iam eligible for such an award owing to the fact that I belong to backward community of any category for which scholarships are awarded.
4. I belong to SC/ST category with my parents income less than the limit prescribed by the govt. for award of scholarship I being admitted without payment of tuition fee . in the event iam not awarded a scholarship for some reason or other, I shall pay the tuition fee on my own . if I fail to pay the tuition fee the management is free to withhold my hall ticket and ban me from appearing the examination.

I undertaking to submit my application for award of scholarship by the state govt. in the prescribed form along with certificates before stipulated date to the institute.

- Strike off if not applicable.

DATE:
PLACE:

Signature of the student

I _____ s/o or d/o _____ being the parent / guardian of the above student do hereby undertake to see that my child abides all rules of regularity , discipline, conduct and financial matters etc., mentioned above.

I also undertake to pay the fees stipulated by the institute management / State govt. from time to time in the beginning of the academic year before the dates by the institute. I shall meet the principal either on his intimation or on my own at regular intervals to enquire about the candidates progress and conduct.

DATE:
PLACE:

Signature of the Parent / Guardian.

ANNEXURE-iii

Undertaking to be filled in and signed by all students
(Now admitted and continuing)

UNDERTAKING

I ,(name of the student)

Studying.....(year,degree,group,section),

At Care College of Pharmacy,Oglapur,Atmakur,Warangal

Son of.....,

Residing at..... (Permanent home address with phone no., if any), undertake that iam aware of the system of punishment in case of ragging other students and that in case I become involved in any manner in any ragging case I am liable for any punishment ,including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any national or international meet , tournament , youth festival, etc.,
7. Suspension, expulsion from the hostel.
8. Rustication from the institution for the periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs. 50,000/-
11. Rigorous imprisonment upto three years (by court of law) etc.,

DATE:

Signature of the student