

# KLE College of Pharmacy

(Approved by PCI & AICTE, New Delhi)

A constituent unit of the KLE Academy of Higher Education & Research, Belagavi - Established under  
Section 3 of the UGC Act, 1956 vide Government of India. Notification No. F.9-19/2000-U.3(A)  
NAAC Accredited With A+



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NO. ....

## APPLICATION FOR ADMISSION TO M.PHARM COURSE

1. Year of Admission: _____  2. Belonging to State: _____	Passport Size Photograph						
Approved Specialty Subjects/Branches available  1) Pharmaceutics 2) Pharmacology 3) Pharmaceutical Chemistry	Required Specialty Subject/Branch (Preference wise)  First : _____ Second : _____ Third : _____						
<b>PARTICULARS OF THE CANDIDATE</b>							
1. Full Name of the candidate (As entered in previous marks card) Parents Name (As per 10 <sup>th</sup> Marks Card)	<b>Mr. / Miss.</b>  <b>Fathers Name</b> _____ <b>Mothers Name</b> _____						
2. Full Name of the Parent/ Guardian & Permanent Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">                             Father Mob: Aadhaar No. Mother Mob: Aadhaar No.                         </td> <td style="width: 50%; padding: 2px;">                             Email : Blood Group _____                              Email : Blood Group _____                         </td> </tr> </table>	Father Mob: Aadhaar No. Mother Mob: Aadhaar No.	Email : Blood Group _____ Email : Blood Group _____				
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3. Local Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 2px;">                             Student Mobile: E Mail: Aadhaar No.                         </td> <td style="width: 100%; padding: 2px;">                             Blood Group _____                         </td> </tr> </table>	Student Mobile: E Mail: Aadhaar No.	Blood Group _____				
Student Mobile: E Mail: Aadhaar No.	Blood Group _____						
4. Date, Place of Birth Etc.,	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">                             Date of Birth : _____                              DD / MM / YYYY                         </td> <td style="width: 30%; padding: 2px;">                             Age : _____                         </td> <td style="width: 40%; padding: 2px;">                             Sex                              Male / Female                         </td> </tr> <tr> <td style="width: 30%; padding: 2px;">                             Place of Birth                         </td> <td style="width: 30%; padding: 2px;"></td> <td style="width: 40%; padding: 2px;">                             Married / Unmarried                         </td> </tr> </table>	Date of Birth : _____ DD / MM / YYYY	Age : _____	Sex Male / Female	Place of Birth		Married / Unmarried
Date of Birth : _____ DD / MM / YYYY	Age : _____	Sex Male / Female					
Place of Birth		Married / Unmarried					
5. Nationality	Nationality: _____ Religion / Caste: _____						
6. Whether Belongs to SC / ST / OBC etc.	<b>Cast</b> _____ <b>Sub Cast</b> _____ <b>Category</b> _____						
7. Occupation of Father & Annual Income Occupation of Mother & Annual Income	Occupation _____ Annual Income Rs. _____ Occupation _____ Annual Income Rs. _____						

8. Date of completion of B.Pharm course & No. of years taken to complete B.Pharm Course	
9. Name & Address of the College	
Name & Address of the University	

**10. ACADEMIC INFORMATION**

Examinations passed	Month & Year of passing	Exam Reg. No.	Max. Marks	Min. Marks	Marks Obtained	Total No. of Attempts
a. 1 <sup>st</sup> B.Pharm						
b. 2 <sup>nd</sup> B.Pharm						
c. 3 <sup>rd</sup> B.Pharm						
d. 4 <sup>th</sup> B.Pharm						
<b>Total Marks</b>						

Total Marks of all 4 years \_\_\_\_\_ Out of \_\_\_\_\_ Agg. Percentage \_\_\_\_\_%

11. Particulars of Industrial Training done in detail	
12. Experience if any	
13. Name & Address of Two References	1)
	2)

*I declare that the above information is true & correct. Documents produced are genuine ones.*

Place: \_\_\_\_\_ Signature of the Candidate: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

\* Attach: Adhaar Card, Cast & Income Certificate, All Semester Marks Card, PDC/Convocation.

**[For Office Use Only]**

Mr. / Ms. \_\_\_\_\_

is admitted to the M.Pharm Course in \_\_\_\_\_

Date:

**PRINCIPAL**  
KLE College of Pharmacy  
Bengaluru.

College Fees Rs. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION BY THE CANDIDATE**

\* \* \*

1. I hereby agree, to abide by the rules and regulations at present in force or that may be hereafter framed for the governance of the college and Hostels. I undertake that so long as I am a student of the College, I do nothing either inside or outside the College that will interfere with the orderly governance and discipline.
2. I hereby agree to make good if any loss or damage to books, apparatus, furniture and other belongings to college and in Hostels, which may be caused by my carelessness, negligence or wantonness on my part.
3. I hereby solemnly affirm that the statements made and information furnished in my application form and also enclosures there to submitted by me are true. Should it however be found that any information furnished therein is untrue in material particulars, I realize that I am liable to criminal prosecution and I also agree to forgo my seat in the College.
4. I hereby assure that I will not indulge or myself in any form of anti-social and prohibitive activities such as RAGGING or any kind of harassment-physical or otherwise. I am fully aware of the provisions of Indian Penal Code relating offences connected with hurt, endangerment of life or personal safety, wrongful confinement, assault, criminal intimidation and so on. If I am found indulging myself in such prohibitive and anti-social activities, I am liable for severe punishment including removal from the college and handing over to the Police.
5. **I hereby declare that I hold myself responsible for the timely payment of fees to the college during the period of my studies, till I complete the course. I am aware that I have to pay entire course fee, even if I discontinue the course.**
6. It is brought to my notice that fees once paid will not be refunded at any cost.

*I hereby declare that I shall abide by the above mentioned rules. I also declare that I have carefully gone through the instructions to candidate herein mentioned and agree for the same.*

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF THE PARENT / GUARDIAN)      (SIGNATURE OF THE APPLICANT)

**INSTRUCTIONS TO CANDIDATES SEEKING ADMISSION TO (M PHARM COURSE)**

1. Applications which are incomplete contain incorrect information, not accompanied by the required certificates and the applications received after the due date will be rejected.
2. True copies of all required certificates and documents attested by the Gazette Officer should be enclosed.
3. Original certificates should be produced at the time of interview / admission, for verification.
4. Application must reach either by hand or by post to the above address on or before ..... incomplete application form will not be entertained & processed.
5. Candidates called for written test / interview by the authorities, should appear at the specified place, date and time at their own cost.
6. **All admissions to the Course will be provisional, subject to approval by the KAHER.**

Verified by \_\_\_\_\_