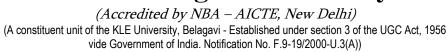


## KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH **KLE College of Pharmacy**



P.B.NO. 1062, 2<sup>ND</sup> BLOCK, RAJAJINAGAR, BENGALURU - 560 010, KARNATAKA, INDIA.

**Ph.No.** 080-23325611 **FAX No.** : 080-23425373

	E-man : princpharmon@kieumversity.edu.in web: www.kieompharm.org				
	APPLICATION FOR ADMISSION TO YEAR PHARM.D.	PHOTO			
N	NO				
<u>P</u>	Personnel Information				
1.	*Name of the applicant in full  (In block letters as entered in SSLC / X Std Marks Statement)				
2.	2. Date of Birth DATE MONTH YEAR Male Female				
3.	3. Place of Birth State State				
4.	4. Nationality4a.Religion4b.Caste/Group/Catagory4				
5.	5. Father's Name				
6.	6. <b>Mother's Name</b>				
7.	7. (a) Occupation (b) Annual Income Rs				
8. <b>Permanent</b> & Telephone Nos./ Mobile Nos/ email address.					
9.	9. <b>Present address</b> & Telephone Nos./ Mobile Nos/ email address.				
•••					
Δ	Academic Details				
	10. (a) Institution last attended				
	(b) Examination passed				

11. Mc	onth / Year of Passing					
SS	C/10 <sup>th</sup>	SSLC/SSC/10th				
	onth / Year of Passing GC/12 <sup>th</sup> / PCM/PCB.	14. Percentage in PUC II/ PUC II/HSC/12 <sup>th</sup>				
15. Na	ame of the PUC II/ PUC II/HSC/ $12^{\text{th}}$ Board					
16. Ex	tra Curricular activities:					
17. La	inguages spoken fluently: (i)	(ii)	(iii)			
18. Er	nclosures:					
a.	Marks Statements (SSLC/ X Std, II P.U.C /	XII Std)				
b.	Transfer Certificate (T.C)					
c.	Migration Certificate					
d.	Medical Fitness Certificate					
e.	Copy of Caste Certificate (in case of S.C./S	S.T./B.T./O.B.C.)				
	I promise to abide by the rules and	regulations of the KLE Unive	rsity, Belagavi, Karnataka.			
Place						
Date			Signature of the Applicant			
1.	I hereby agree, to abide by the rules and a governance of the college and Hostels. I und inside or outside the College that will interfe	dertake that so long as I am a studen	t of the College, I do nothing either			
2.	<ol> <li>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.</li> </ol>					
3.	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.	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.	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.	6. It is brought to my notice that fees once paid will not be refunded at any cost.					
	hereby declare that I abide by the above 1 e instructions to candidates herein mentio		nat I have carefully gone through			
Da	te:					
Pla	ace:	<del></del>				
	(Signatur	e of the Parent / Guardian)	(Signature of the applicant)			

## FOR OFFICE USE

Admitted to						
Challan No. / DD No		Date:	of Rs			
for full course.						
Plac	e: Bengaluru.		Registrar			
Date	e: Accountant	t:	KLE University.			
INSTRUCTIONS TO CANDIDATES SEEKING ADMISSION TO						
Post Graduate Course (Pharm.D)						
1. Every candidate selected for Graduate Degree Course should obtain eligibility certificate from the KLE University, Belagavi before taking admission.						
	2. Applications which are incomplete, contain incorrect information, not accompanied by the required certificates and the applications received after the due date will be rejected.					
	True copies of all required certificates and documents attested by the Gazetted Officer should be enclosed.					
4.	Original certificates should be produced	at the time of int	terview / admission, for verification.			
	Application must reach either by ha	* -	to the above address on or before entertained & processed.			
	Candidates called for written test / inte place, date and time at their own cost.	rview by the au	thorities, should appear at the specified			
<b>7.</b> .	All admissions to the Course will be prov	risional, subject t	to approval by the KLE University.			

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