

शिक्षार्थ आइये...

॥ न हि ज्ञानेन सदृशं पवित्रमिह विद्यते ॥

सेवार्थ जाइये...

PCI CODE :6747

Approved by - BTE/PCI



# डी.के.डी.एल. कालेज ऑफ फार्मेसी

काजू, कौशाम्बी

# डी. फार्मा

प्रवेश प्रारम्भ  
2023-24

सम्बन्धित कोर्स

# डी.के.डी.एल. डिग्री कालेज

सम्बद्ध- प्रो० राजेन्द्र सिंह (रज्जू भय्या) विश्वविद्यालय, प्रयागराज

संचालित कोर्स

B.A. (कला संकाय)

B.Sc. (विज्ञान संकाय)

एल.एल.बी. त्रिवर्षीय



# डी.के.डी.एल.आई.टी.आई.

इलेक्ट्रीशियन, फिटर, डीजल मैकेनिक, फिजियोथैरेपी

Mobile No.: 9935954114, 9415238517, 9889755051

E-mail: [dkdlcollegeofpharmacy@gmail.com](mailto:dkdlcollegeofpharmacy@gmail.com) Website: [dkdlcollegeofpharmacy.com](http://dkdlcollegeofpharmacy.com)





ADMISSION FORM

PCI CODE :6747

D.K.D.L. COLLEGE OF PHARMACY

KAJU, KAUSAMBI

Mobile No.: 9935954114, 9415238517, 9889755051

E-mail: dkdcollegeofpharmacy@gmail.com Website: dkdcollegeofpharmacy.com

(OFFICE USE ONLY)

Course Applied For: ..... Form No: .....

The application form should be filled by student in Capital Letters & along with requisite fee & copies of certificates must be submitted to office of the institute by hand:

1.Name of applicant (Mr./Ms.) .....

2.Date of Birth (in figures) Day ..... Month ..... Year .....

3.Father's Name: .....

4.Mother's Name: .....C./O: .....

5.Postal Address (for all correspondence) .....



Pincode..... E-Mail: (Must) .....

Student's Mob.No.: .....Parents Mob.No.: .....

6.Permanent Address: .....

7.Educational Qualifications:

Table with 8 columns: Examination, Board/University, School/College, Subjects, Max. Marks, Marks Obtained, %age of Marks, Year of Passing. Rows include High School, 12th or Its equivalent, Graduation, Any other examination.

1.Do you require Hostel accommodation? (Yes/No) .....

2.Do you require Transportation Facility? (Yes/No) .....

3.Category (SC/ST/OBC/ Gen./Minority/others) ..... Sub Category (Must) .....

4.Documents Enclosed: 10th:- MarkSheet ..... Certificate..... 12th:-MarkSheet..... Certificate .....

Graduation:MarkSheet ..... Degree..... Migration..... Any other.....

(a)Cast Certificate no. (if yes) .....

(b)Domicile Certificate no. (if yes).....

(c)Income Certificate no. (if yes).....

(d)Aadhaar Card No. (must) Student: ..... Father: .....

**Father/ Mother / Guardian's Undertaking**

My/Son/Daughter/Ward ..... seeking admission with my consent and in the event of his/her being admitted to DKDL College of Pharmacy. I will be personally responsible for:

1. His/ her good conduct and behavior during his/her stay at the Institute.
2. Return of books issued to him/her at the Institute.
3. The student may be charged for loss or damage to property and laboratory equipments caused by his/her carelessness, negligence or misuse.
4. Any other liabilities related to his/her at the Institute.
5. Minimum 80% class room attendance is must otherwise he/she might be debarred from appearing in the examination.

Further, I undertake to pay his/her fees, canteen dues, hostel dues and other expenses at the Institute, also agree that he/ she shall abide by the rules & regulation of the Institute.

Signature of Father/Mother/Guardian

Place: .....

Name:.....

Date: .....

Address: .....

**Undertaking by the Applicant**

1. I declare that I have not been debarred from joining any education institution or restricted from the institution/ University /board last attended.
2. I declare that the all statements made in application by me are true to the best of my knowledge and belief. I learly understand that if any of the statements is subsequently found untrue, my admission to the institute would stand automatically cancelled.
3. I have read prospectus and instructions & incorporated there in carefully. I have read understood the conditions of eligibility for the programme to which I seek admission. I fulfill the minimum eligibility criteria and I have been provide with necessary information being incorrect or misleading, my candidature shall be liable to cancellation by the institute at any time and shall not be entitled any fee paid by me to the institute.
4. I agree that admission may be granted to me on the prospectus syllabus prescribed by the University of such Modification & thereof-as may be made by the authorities.
5. I have read the rules, regulation codes as prescribed by institute and promise to abide by them and those that may be made in future, for the admission to institute. I also undertake that I shall do nothing inside or outside the institute that will interfere with its discipline.

Place .....

(Signature of Applicant)

Date.....

Name .....

**Signature of Principal**

**(Institute Seal)**