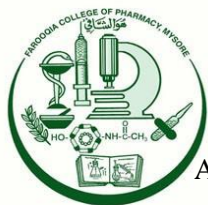


FAROOQIA COLLEGE OF PHARMACY, MYSORE



Farooqia Road, Tilak Nagar, Eidgah compound, MYSORE-570021
 Phone: 0821-2491974, Cell: 09482737359 Fax: 0821-2497787, 2491454
 Website: www.fcp.ac.in Email: farooqiapharmacy@yahoo.com

Approved by the Pharmacy Council of India & AICTE, New Delhi
 Affiliated to the Rajiv Gandhi University Of Health Sciences, Bangalore

Paste Recent
 Passport Size
 Color
 Photograph

APPLICATION FOR THE ADMISSION to: **Pharm D/ B.Pharm/D.Pharm**
 APPLICATION No. _____

NAME OF THE APPLICANT (In Block Letters, as entered in the SSC Marks card)				
DATE OF BIRTH (dd/mm/yyyy)				
PLACE OF BIRTH	Town	District	City	State
NATIONALITY				
RELIGION				
CATEGORY/CASTE	SC/ST/BT/BC/GM			
GENDER				
FATHER'S NAME		Occupation	Annual Income	
MOTHERS NAME				

Examination Passed	Name of the Institution	Reg. No	Year of Passing	Total Marks Secured	Total % of Marks
SSLC/ Equivalent Exam					
PUC/ Intermediate/10+2					
D.Pharm/ any Higher degree					

Attested Xerox copies of all the Marks card and other documents should be enclosed

% of Marks in PCM _____ % of Marks in PCB _____

<u>Residential Local Address</u>	<u>Permanent Address</u>

Extra Curricular Activities: _____

Declaration by the APPLICANT

I, _____ S/o _____ declare that all the information given above is correct & true to the best of my knowledge. If admitted to this college, I agree to abide all the rules and regulations of this college and will not indulge in any kind of Ragging Activities.

Date:

Place:

Signature of the applicant

Declaration by the PARENT/GUARDIAN

I, the undersigned hereby declare that I am fully aware about the rules and regulations of this college. I will be responsible for any Good/Bad deeds of my ward admitted and I owe all the responsibilities with regard to the payment of Fees/Dues.

Date:

Place:

Signature of the Parent/Guardian

Enclosures:

1. Attested Xerox copies of all Marks cards and other relevant documents
2. Original Documents of all Xerox copies of TC, PAN, Parents & Student Aadhaar, Caste Certificate Enclosed
3. 05 Passport size Photographs
4. Application Fees in the form of DD For Rs. 250/- for D.Pharm, Rs. 300/- for B.Pharm & Rs. 350/- for Pharm D favoring Principal, Farooqia College of Pharmacy, Mysore

Application Fee Details

DD No _____ for Rs. _____ /- Dated: _____

Bank Name _____

For Office Use only

Fees Paid Rs. _____ Receipt No. _____ Date: _____

Concerned Clerk

Accountant

Principal