

**VITSM**

Form No. -

Vidyasthali

Institute of Technology, Science and Management

(Approved by AICTE, New Delhi and Affiliated to Rajasthan University of Health Sciences, Jaipur)

Prithviraj Nagar, Maharani Farm, Durgapura, Jaipur-18

Ph. 0141-2762864, 2763165-66, Fax: 0141-2762864

E-mail:vidyasthali@vidyasthali.com

ADMISSION FORM

B. Pharmacy

SESSION : 201 - 201

Space for Photo

- Name of the Candidate
- Date of Birth

Date	Month	Year
- Sex: Male Female
- Father's / Guardian's Name :
- Occupation :
- Permanent Address :
..... Pin Code Phone
- Address of Correspondence :
..... Pin Code Phone
- Special Category (Provide documentary proof in support) : S.C. / S.T. / O.B.C. / P.H.
- Entrance Test Roll No. Merit Allotted Category.....
(if any)
- (a). Details of qualifying examination to determine eligibility :

Exam.	Roll No.	Year of Passing/ appearing	University/ Institution	%age of marks	Remarks

(b) Details of Examination Passed till date :

Name of Exam.	Roll No.	Year of Passing/ appearing	Board/ Univ./ Institution	%age of marks	Remarks
1.					
2.					
3.					

10. Declaration By the candidate/guardian :

I hereby solemnly declare that I have gone through all the details and information, rules, regulations relating to my admission. I am neither involved in any criminal case nor in any criminal case pending against me in any court of law. I have not been detained/rusticated by the institution last attended/presently attending. If discovered even after confirmation of my provisional admission that I have made a false or incorrect statement or concealed any fact or fraudulent means have been used on my behalf for securing admission, I shall be liable to disciplinary action and cancellation of my admission without prejudice to such action as the institution/University may take against me. I fully agree to follow the admission procedure as laid down by the institute and strictly abide by the rules and regulations in this behalf. I know that fees once deposited are not refundable under any circumstance. I am enclosing enclosures (Write number of enclosures in word) with this application form.

Signature of the student

Signature of Father/Guardian

Date :

Place :

Undertaking

1. I undertake to deposit the prescribed fees due to me as and when demanded.
2. I undertake to abide by all the norms, rules and instructions obtaining in the College.
3. I undertake to refrain from any kind of activity that amounts to resorting to ragging as per definition which otherwise is a criminal offence and I may be punished for.
4. I am not addict to drugs and under take not to ever take.

Signature of the student

Signature of Father/Guardian

Checklist : All the attached enclosures should be arranged serially as per the following checklist original Certificates/Documents are not to be attached with the application form any case.

(i) Copy of Sec. Certificate	Yes	No
(ii) Copy of mark-sheet of qualifying examination	Yes	No
(iii) Copy of mark-sheet of other examinations	Yes	No
(iv) Special category certificate copy	Yes	No
(v) Character Certificate	Yes	No
(vi) Medical Certificate	Yes	No
(vii) Marks-sheet of RPPT-09	Yes	No
(viii) Transfer certificate from previous institute	Yes	No
(ix) Photographs	Yes	No
(x) Institute Allotment letter	Yes	No
(xi) Any other (mention)	Yes	No

For Office Use Only

Receipt No.....

Date

Amount

Admitted

Signature of Cashier

DIRECTOR