



H.K.D.E.Trust's

COLLEGE OF PHARMACY

Veerbhadrageri, Sindankera Cross, **HUMNABAD-585330**. Dist. Bidar

APPLICATION FOR ADMISSION

for I/II year D.Pharma

Year 20 - 20

To,

The Principal
H.K.D.E.Trust's
College of Pharmacy
Humnabad.

Recent
Pass Port
Size
Photograph

Sir,

I am herewith submitting following certificates in original and three photo copies for admission.

1. Statement (Memo) of marks SSLC/SSC/HSC/PUC(Science)IIInd Inter B.Sc.
2. School Leaving / Transfer Certificate / Migration Certificate.
3. Character Certificate from the Head of Institute last attended.
4. Three passport size photos.
5. Demand draft of nationalised bank for Rs. 200/- (Rupees Two Hundred Only) in favour of the Principal H.K.D.E.Trust's College of Pharmacy, Humnabad towards the Registration fees for admission

I am here with furnishing the following particulars.

1. Name of the candidate in full as per SSIC Marks Cards
(Use block letters)

2. Particulars of Parent/Guardian Name

Occupation

Annual Income Rs.

Village:

Via:

Post :

Pin Code :

Tel. No.

Taluka :

Dist :

State :

3. Local Address :

Date & Place of Birth	Date	Place	Taluka	District	State

4. Age :

Year :

Month :

Day's :

Nationality	Religion	Caste	Sub Caste

Languages Known		Kannada	English	Hindi	Urdu	Telugu	Marathi	Others
	Read							
	Write							
Speak								

Academic Information :

Exam Passed	Reg. No.	Year of Passing	Total Marks Obtained	% Marks With Class	% Marks in Phy, Che, Bio, Maths	Name of the Board of University	Remarks
PUC II (SC) Inter							
B.Sc.							
Other							

DECLARATION BY THE CANDIDATE

If admitted I hereby agree to bound by the rules and regulation in-force, as well as those that may be Framed in future by the Board of Examining Authority Bangalore, and College.

I also undertake that through my carrier I will maintain strict discipline both inside and outside the college Management.

Place :

Date :

Signature of the applicant

DECLARATION BY THE PARENT / GUARDIAN

I do here by declare that, I held myself responsible for the timely payment of all the dues payable to sri H.K.D.E.Trust's College of Pharmacy, Sindhankera Cross, Humnabad Dist. Bidar in respect of my ward Mr/Miss _____

his/her study as per management rules, I also hold myself responsible for the disciplinary behaviour of my ward. In and outside the college

Place :

Date :

Signature of the Parent/ Guardian

FOR OFFICE USE ONLY**Admission is granted subject to the**

1. Production of all the required original Certificates
2. Approval by the Board of Examining authority Bangalore/B.E.A Bangalore

Admitted Under

Quota	Karnataka State	Other States
1. Merit - Cum Capitation Fees		
2. Reservation		
3. Managemant		
4. Payment / Fee		

RECEIPT

Received Fee of Rs.....(Rupees.....Only)

Vide Receipt No.....Date

Date :

Signature of the Clerk

PRINCIPAL