



# **DR. M.P. SINGH COLLEGE OF PHARMACY**

**(Affiliated to AICTE/PCI/BTEUP)**

Himmatganj(Rafi Nagar), Bilsa-Budaun(UP) 243633

Mob- 9719700298

## **ADMISSION FORM 2020-21**

**D.Pharma \_\_\_\_\_ Year**

Name of the Student \_\_\_\_\_

Father's Name \_\_\_\_\_

Mobile No \_\_\_\_\_

Email ID \_\_\_\_\_

# DR. M.P. SINGH COLLEGE OF PHARMACY



limmatganj(Rafi Nagar), Bilsa-Budaun(UP) 243633

Mob- 9719700298

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**ADMISSION FORM 2020-21**

Photo
Signature↓

Seeking Admission for **D.Pharma** \_\_\_\_\_ **Year**

Entrance Exam Roll No \_\_\_\_\_

Entrance Exam Reg No \_\_\_\_\_

Entrance Exam Result \_\_\_\_\_

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1	Category Code		2-Religion Code	
2	SURNAME			
	FIRST NAME			
	MIDDLE NAME			
3	DATE OF BIRTH	Day	Month	Year
4	SEX			
5	ADDRESS			
	VILLAGE			
	POST			
	CITY			
	DISTRICT			
	STATE		PIN	
	E-mail		Mob	
6	AADHAR NO.			
7	LOCAL GUARDIAN NAME AND ADDRESS WITH MOBILE NO (if Student is from other District or State)			

8	DETAILS OF ACADEMICS						
	EXAM	BOARD	YEAR	SUBJECTS	M.OBT	MAX.M	DIV
	HIGH SCHOOL						
	INTER			Total Marks			
				CHEMISTRY			
				PHYSICS			
				BIOLOGY			
				ENGLISH			
Attach readable photo copy of all academic Documents							

**DECLARATION**

- a. I ..... hereby declare that all statements made in the above application are correct.
- b. I understand that my ward may be expelled from the College if the information given I am prepared to pay the required fees of the College regularly.
- c. I shall be responsible for the conduct of my ward in the College

Signature of Parents

Signature of Student

**FOR OFFICE USE ONLY**

Date	Admission Round
Application No	Name
Admitted to	DPHARMA _____ Year
Document in Original for verification	Documents in Submitted with Application
1- High School Mark sheet <input type="checkbox"/>	1- High School Mark sheet p/c <input type="checkbox"/>
2- High School Certificate <input type="checkbox"/>	2- High School Certificate p/c <input type="checkbox"/>
3- Intermediate Mark sheet <input type="checkbox"/>	3- Intermediate Mark sheet p/c <input type="checkbox"/>
4- Intermediate Certificate <input type="checkbox"/>	4- Intermediate Certificate p/c <input type="checkbox"/>
5- Transfer Certificate(TC) <input type="checkbox"/>	5- Transfer Certificate(TC) Original <input type="checkbox"/>
6- Domicile Certificate <input type="checkbox"/>	6- Domicile Certificate p/c <input type="checkbox"/>
7- Caste Certificate* <input type="checkbox"/>	7- Caste Certificate* p/c <input type="checkbox"/>
8- Handicap Certificate* <input type="checkbox"/>	8- Handicap Certificate* p/c <input type="checkbox"/>
Note- *if applicable	9- Photographs(4.5cmx3cm)-10 <input type="checkbox"/>
	10-Photographs(stamp size)-5 <input type="checkbox"/>
FEES Payment Details By Cheque/DD/Cash/RTGS/NEFT Tr.No- _____	Installment First _____ Second _____ Third _____

**Sig. Accountant/Clerk**

**Sig.Principal/Director**

# **ACKNOWLEDGEMENT SLIP**

(student Receiving)

Received application form for admission for D.Pharma  
First/Second Year for the academic Year 2020-2120 from Mr. \_\_\_\_\_  
\_\_\_\_\_ S/o \_\_\_\_\_ Residence of  
\_\_\_\_\_

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## **Documents enclosed with application**

- 1- High School Mark sheet p/c
- 2- High School Certificate p/c
- 3- Intermediate Mark sheet p/c
- 4- Intermediate Certificate p/c
- 5- Transfer Certificate(TC) Original
- 6- Domicile Certificate p/c
- 7- Caste Certificate\* p/c
- 8- Handicap Certificate\* p/c
- 9- Photographs(4.5cmx3cm)-10
- 10- Photographs(stamp size)-5

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## FEES PAID DETAILS

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Office Seal &  
Signature of  
Receiving Clerk

**Note- Student Should Fill all details and office clerk should check it very carefully and after verification if find correct signed it and handed over to student for his record.**

## **UNDERTAKING BY THE APPLICANT**

- I.....hereby declare that I have carefully gone through all the details in the Prospectus and if selected for admission to Siddhartha Group of Institutions. I undertake to abide by the Rules & Regulations of the college including the amendments therein from time to time. I, the undersigned hereby certify that the information given above is accurate / correct and I am aware that providing incorrect and I am aware that incorrect information may result in the cancellation of my admission/continuance in the college at any time, ever after admission, at my cost, risk and responsibility.
- I also hereby submit myself to the disciplinary jurisdiction of the Vice-Chancellor and other authorities of the college.
- I also hereby undertake to deposit all the college dues including fees in time and in case of default and also agree to pay late fee/fine as per college rules. I am fully aware that in case of non-compliance the admission would be cancelled at any stage.
- I also hereby commit not to indulge in using unfair means in examination and or any act of vandalism and or damage of college property. In case of such an act(s), I am liable to be punished /expelled from the college as per the college rules.

_____ Signature of Parent/ Guardian	_____ Signature of Applicant
Name _____	Name _____
Date _____	Date _____
Place _____	Place _____

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\*\*\*\*\*

## **DECLARATION BY THE PARENT /GUARDIAN**

I hereby declare that I shall be responsible for all the activities of my ward and shall comply with all the responsibilities arising out of his/her non-compliance of rules and regulations of institute. I also undertake that I shall not claim any refund of fees once paid, in whatsoever situation by way of cancellation of admission because of eligibility, withdrawal, expulsion or detention from appearing in examination.

\_\_\_\_\_  
Signature of Parent/Guardian  
Date \_\_\_\_\_

**AFFIDAVIT BY THE STUDENT**  
**on Rs 10/- Notary Stamp Paper**

I, \_\_\_\_\_ ( full name of student with Institute Roll Number) , S/o, D/o- Mr./Mrs/Ms. \_\_\_\_\_ having been admitted to **DR. M.P. SINGH COLLEGE OF PHARMACY HIMMATGANJ BUDAUN** have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009,(hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

- 1- I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2- I have also, in particular perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found abetting ragging, actively or passively or being part of a conspiracy to promote ragging.
- 3- I hereby solemnly aver and undertake that
  - a. I will not indulge in nay behavior or act that may be constituted as ragging under clause 3 of the Regulations.
  - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4- I hereby affirm that, if found guilty of ragging , I am liable for punishment according to clause 9.1 of the Regulations without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5- I hereby declare that I, have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging: and further affirm that, in case the declaration is found untrue, I ma aware that my admission is liable to be cancelled.
- 6- Along with the above mentioned points I do hereby declare that
  - a. I will obey the code of conduct of the Institute and do not indulge in any kind of in-disciplinary activity wile in and off the institution campus.
  - b. I will be solely responsible for any kind of accident. Mishap caused on account of the above mentioned clause (6.a).

Declared this \_\_\_\_\_ days of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
**Signature of deponent**  
**Name**  
\_\_\_\_\_

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at \_\_\_\_\_ (place) Date \_\_\_\_\_. Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ month \_\_\_\_\_ (year ) after reading the contents of this affidavit.

**OATH COMMISSIONER**

**Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.**

## *Welcome message.....*

*Dear Students:*

*I, Dushyant Kumar (Chief Trustee) want's to welcome each of you on behalf of Dr. M.P.Singh College of Pharmacy which is approved by All India Council for Technical Education (AICTE) New Delhi, Pharmacy Council of India(PCI) New Delhi and Board Of Technical Education Uttar Pradesh (BTEUP), Lucknow. You are about to begin one of the most exciting times in your life, and everyone in our Campus feels happy to help you. It is a great opportunity to be a part of Dr. M.P.Singh College of Pharmacy such a repudiated Pharmacy College of Uttar Pradesh State.*

*We are committed to helping all students be successful at the University and we are counting on you to play an active part. The Directorate of Students Support Services oversees and coordinates the Chaplaincy, Sports and Co-curricular activities, Students Accommodation and Catering, Student Clubs and Associations, Student Union, Placement Cell, Counseling Services and many other areas of student life. We are therefore confident that each member of the our college will contribute to your physical, emotional, intellectual and social development on campus.*

*Please have a look at our website and take full advantage of our office to know more about the services that we offer which will definitely contribute to your success. Moreover, do not hesitate to contact us in case you are in doubt about anything or should you be seeking any assistance.*

*You often hear that this is a special place, and it is! Its depth of character, traditions, diversity, commitment to academic excellence, as well as its beautiful natural surroundings contribute to making our campus such an exemplary academic environment. We want you to enjoy the campus and take full advantage of everything campus has to offer and, in doing so, we encourage you to take appropriate personal and collective precautions when living, learning, working, and playing here.*

*We take your safety very seriously and we want you to do the same. Your safety is, and always will be, our department's greatest concern. We want you to know that we are always available to you, and we encourage you to contact us for any reason at any time. We have a multimodal system of communications comprised of an outdoor siren and audible speakers, mass*

*email, cell phone (voice and/or text), telephone, and desktop alerts. A well equipped First Aid facility with Appointed Doctor is available for your wellness.*

*All first year students enrolling are required to attend the Student Orientation. The full schedule will be availed during orientation. You will find highlights of each orientation day below:*

- Learn how to navigate around campus*
- Learn more about activities and sports available on campus*
- Receive your course schedule*
- Students Accommodation*
- Students ID*
- Safety & Security*
- College Health Services*

*Dear Parents, On behalf of the staff I am happy to welcome your child to the college! We are looking forward to a productive partnership with you to ensure our children can achieve their highest potential. We recognize that in order to be successful in college, our children need support from both the home and college. We know a strong partnership with you will make a great difference in your child's education. As partners, we share the responsibility for our children's success and want you to know that we will do our very best to carry out our responsibilities.*

*Again, welcome to Dr M.P.Singh College of Pharmacy and we look forward to you having a safe and wonderful Campus Experience! Feel proud to be a part of our college.*

*Dushyant Kumar  
Chief Trustee*