



# SAT PRIYA COLLEGE OF PHARMACY

0.5 Milestone, Jind Road, Jind Bypass, Rohtak, Haryana 124001  
**(Approved by PCI (Pharmacy Council of India) &  
 Affiliated to Haryana State Board of Technical Education, Panchkula)**

## ADMISSION APPLICATION FORM : 2021-22

**Note :**

1. Before applying, the Candidate must ensure that he fulfills the minimum eligibility conditions laid down for the programme.
2. All the particulars must be filled by the candidate in his/her own hand writing.
3. Please complete the form in CAPITAL LETTERS using blue or black ball point pen.
4. Submission of application form will not guarantee admission which will be purely based on merit.

Paste  
Self Attested  
Colour  
Passport Size  
Photo

Enquiry Id

Form No.

Course Applied For

**Personal Details (Leave one box blank between First Name, Middle Name & Last Name)**

Name (As per matriculation certificate)

Father's/Guardian Name (As per matriculation certificate)

Mother's Name (As per matriculation certificate)

Date of Birth  

D	D	M	M	Y	Y	Y	Y

Category  

GEN.	OBC	SC	ST	PH	OTHER

Gender  

Male	Female	Transgender

Religion  Marital Status  Married  Unmarried

Nationality  
 Indian  Non-Indian (Specify)

**Student's Information & Contact Details**

Student's Mobile No.	<input type="text"/>	Aadhar Card No.	<input type="text"/>
Father's Mobile No.	<input type="text"/>	Mother's Mobile No.	<input type="text"/>
Email Id of Student (in Capital)	<input type="text"/>		
Email Id of Father (in Capital)	<input type="text"/>		
Family id	<input type="text"/>		
Profession of Father/Guardian	<input type="text"/>		
Relation with Guardian	<input type="text"/>		
Income of Parents From All Sources (per annum)	<input type="text"/>		
Are You BPL /Yellow Card Holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes, Attach Proof)
COVID-19 Vaccinated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1st Dose	Date :	Place :	
2nd Dose	Date :	Place :	

**Correspondence Address**

Address																										
District															Pincode											
State																										

**Permanent Address ( Tick  if Address is same as above)**

Address																										
District															Pincode											
State																										

**Educational Qualifications**

Class	Board	Board Roll No.	Stream	Year of Passing	Percentage/CGPA
X					
XII					

**Class XII Subject/Marks Details (Applicable For Admission In UG Course)**

Subject Name	Marks Obtained	Max. Marks	Percentage/CGPA
Total			
Name of School			
City/Village			

**Details of Payment (Fee)**

<b>Cash</b>					
Amount		Cash Receipt No.		Date	
<b>By DD (Demand Draft) / Cheque</b>					
Amount		DD/Cheque No.		Receipt No.	
<b>Through online Payment (Credit/Debit Card)</b>					
Amount		Transaction ID		Date	

**Declaration by the Applicant**

I declare that the entries made by me in this application form are true in all respect and in case any entry or information is found to be false, it shall entail automatic cancellation of my admission, besides rendering me liable to such action as the college may consider suitable. I fulfill the eligibility conditions as laid down for the programme.

I note that my admission to the College and my continuance on its rolls are subject to the Statutes/ Ordinances/ Regulations of the PCI / HSBTE and any other rules and instructions, which may be issued from time to time. I shall abide by the Regulations of discipline and proper conduct, framed in this regard. I will attend the college regularly and will not engage myself in any course/work with any other institute / organization during my course work at Sat Priya College of Pharmacy according to rules and regulations laid down by PCI/HSBTE. I have fully understood the regulations or the directions for banning ragging and affirm that I shall not indulge and involve myself in any act of ragging. **SOLEMNLy AFFIRM** that I have never been convicted by any court of law, rusticated/expelled from any educational institution, nor disqualified/ debarred from any examination.

Date.....

Signature of the Applicant

## Declaration by the Parent/Guardian

I certify that the above particulars are correct and my son/daughter/ward..... fulfils eligibility conditions as laid down for the programme. In case my son/daughter/ward is admitted to the Sat Priya College of Pharmacy, I stand guarantee for good conduct of my ward during the course of his/her study in the College. My son / daughter will attend the college regularly and will not engage himself/herself in any course/work with any other institute / organization during my course work at Sat Priya College of Pharmacy according to rules and regulations laid down by PCI/HSBTE. I authorize the Sat Priya College of Pharmacy to initiate disciplinary action against my ward for violation of any of the rules and regulations.

I shall pay dues as per the instructions issued to me through notice and all personal expenses until the completion of his/her studies. I also undertake that he/she will not indulge in any act of ragging and if found guilty in this regard, is liable for punishment as per law.

**Signature of the Father/Mother/Guardian**

**Date**.....

**Name**.....

**Mob.** .....

### Documents to be submitted at the time of Admission

	Please Tick
1. Proof of Date of Birth	<input type="checkbox"/>
2. Certificate and Marks Sheet of 10th & 12th Examinations	<input type="checkbox"/>
3. Migration/Transfer Certificate	<input type="checkbox"/>
4. Character Certificate from Head of the Institute from where the qualifying exam was Passed	<input type="checkbox"/>
5. Aadhar Card	<input type="checkbox"/>
6. Latest Colour Passport size Photos - Student (6)	<input type="checkbox"/>
7. Two Sets of Photocopies of all Documents mentioned above	<input type="checkbox"/>
8. Copy of Entrance Score Card (If, Applicable. ....)	<input type="checkbox"/>

#### Note

- All Documents should be self attested

### For Office Use

Admitted provisionally subject to verification of :

1. All Documents                      Yes                       No

2. Fee Receipt                        Yes                         No

3. Documents Pending, if any.....

.....

4. Remarks, if any.....

.....  
**Admission Committee Date**  
:...../...../.....

.....  
**Admission Incharge Date**  
:...../...../.....

.....  
**Principal**  
**Date** :...../...../.....

**APPLICABLE FOR STUDENTS WHO FAIL TO SUBMIT THE FINAL MARK-SHEET/CERTIFICATES OF HAVING FULFILLED THE MINIMUM ELIGIBILITY CONDITIONS & ARE GIVEN PROVISIONAL ADMISSION**

**(Undertaking by Student)**

I.....S/o, D/o..... (Father's/Mother's Guardian's Name) have been provisionally admitted to the D. Pharmacy course in Sat Priya College of Pharmacy in the academic session 2021-2022.

I have understood that I have been given provisional admission, since I have failed to deposit the proof of having fulfilled the minimum eligibility conditions prescribed for the programme.

I undertake that I have appeared in ..... the Examination/Courses in month/year .....from ..... University/Board and my result is awaited.

I undertake to submit the proof of having fulfilled the minimum eligibility conditions and the required documents relating to my qualifying exam by .....

I understand that in case, I fail to submit the same (documents), my admission shall stand cancelled and there will be no refund of fees.

**Place** .....

**Date**.....

**Signature of Student**

**(Undertaking by Parent/Guardian)**

I ..... F/o/M/o/G/o ..... (Student's Name) provisionally admitted to D. Pharmacy course and undertake that he/she will abide by the rules/regulation.

I fully understand that in case as above cancellation of admission takes place, there will be no refund of fees.

**Signature of Parent/Guardian**