

SL No. :

Veerbhadrashwar Educational Trust's

Admission No. :



**ವೀರಭದ್ರೇಶ್ವರ ಕಾಲೇಜ್ ಆಫ್ ಫಾರ್ಮಸಿ**  
**VEERBHADRASHWAR COLLEGE OF PHARMACY**

Recognized by Govt. of Karnataka, Approved by Pharmacy Council of India AICTE New Delhi  
Plot No. 42 & 46, Guddambe Electronics Warehouse Behind K.E.B. Office, M.G. Road, Kalaburagi  
Phone : 08472-234758, Cell : +91 9916334758, Email : principalvcklb@gmail.com



**APPLICATION FOR THE ADMISSION OF THE DIPLOMA IN PHARMACY COURSE I YEAR / II YEAR**

To.

**The Principal**

**Veerbhadrashwar College of Pharmacy, Kalaburagi**

A recent  
Passport  
photo should  
be pasted

**PERSONAL INFORMATION**

Name of the Student

(In capital letters as per SSLC Marks Card)

Permanent Address :

Cell :

Aadhar No. :

Email :

Temporary Address :

Cell :

Aadhar No. :

Email :

Nationality :

Date of Birth :

Religion :

(In Words) :

Caste :

Age :

Group :

Sex :

**OTHER INFORMATION :**

Father's / Guardian's Name :

Mother's Name

Occupation :

Annual Income :

**ACADEMIC INFORMATION :**

Name of last college attended (PUC /XII/Inter)

Name of the Board :

Place :

State :

Date of leaving the college last attended :

Overall percentage at PUC/XII/Inter :

Percentage of Optionnals(PCMB)

Other Examination passed if any :

SSLC Percentage :

Name of the Board :

**Certificates following enclosed ( Originals and three sets of Photo Copies)**

SSLC / X Marks Memo	Yes/No
PUC / XII / Intermediate Science Marks Memo	Yes/No
Transfer Certificate	Yes/No
Migration certificate	Yes/No
6 Passport Size Photos	Yes/No

**DECLARATION**

I here by solemnly and sincerely affirm that the statements made and information furnished in my son's /daughter /ward's application form as also in all the enclosures submitted by us are true and correct to my knowledge. however be found that any information furnished there is untrue in material particular, I realize that I am liable to criminal prosecution and also agree to forgo the seat in the college.

I abide by the rules and regulations framed from time to time by the Management and the Principal and his successor and assignees including those relating to the maintenance of the discipline at the said college and I further agree with the said Principal that any damages of the Furniture, Apparatus or other articles, which may be caused by any carelessness and negligence on my part in witness their off.

In case we want to cancel our seat of discontinue the course we promise to pay the balance fee of the current year and also of remaining years of the course and all the matters are subjected to Kalaburagi Jurisdiction.

**Signature of the Parent / Guardian**

**Signature of the Student**

**Date :**

**Place :**

**FOR OFFICE USE ONLY**

**affix the fee Receipt**

ACCOUNTANT

PRINCIPAL