



# Swasthya Kalyan College of Pharmacy

Application Form for Admission (Session 2024-2025)

Form No. \_\_\_\_\_

Date of submission 

D	D	M	M	Y	Y
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<b>For Office Use Only</b>	<b>Affix Recent Passport Size Photograph</b>		
Course: _____			
Enrollment No.: _____ Age as on : _____ <table border="1" style="display: inline-table;"><tr><td>Yrs</td><td>Months</td><td>Days</td></tr></table>		Yrs	Months
Yrs	Months	Days	
Minimum Age of Admission: _____ Years. Maximum Age of Admission: _____ Years.			
<b>D.Pharm</b>			

1. Name of Student (In English Block Letters) : \_\_\_\_\_  
Name of Student (In Hindi Letters) : \_\_\_\_\_  
Student Mobile No.: 

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 E-mail : \_\_\_\_\_  
Aadhaar No.: 

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 Emergency Contact No.: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
's Mobile No.: 

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 E-mail: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Mobile No.: 

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 E-mail: \_\_\_\_\_
4. Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Spouse Mobile No.: 

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 E-mail: \_\_\_\_\_
5. PAN No. Student : 

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 PAN No. Father : 

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6. Permanent Address: \_\_\_\_\_  
Tehsil: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: 

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7. Local Address : \_\_\_\_\_  
Tehsil: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: 

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8. Date of birth (DD/MM/YY): 

D	D	M	M	Y	Y
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9. Gender : 

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 10. Marital Status (Married/Unmarried) : 

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11. Nationality : 

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 12. Category (GEN, OBC, SC, ST, SBC, PH, KM, EX): 

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13. Name & Address of XII School Attended: \_\_\_\_\_  
\_\_\_\_\_ Phone No.: \_\_\_\_\_  
Principal Name: \_\_\_\_\_ Mobile No.: 

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14. Reference Name: \_\_\_\_\_ Mobile No.: 

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Reference Address : \_\_\_\_\_  
Tehsil: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: 

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Academic Details

Examination	University/ Board	Passing Year	Subjects	Marks Obtained	Percentage %	PCBE %
10th						
12th						
Other						

Only for M.D. (Homeo) Students Registration No. ....& Date ..... State Registering Authority

Degree	University	Year of Exam passed or appearing	No. of Attempts	Date & Year of completing the Internship	Name of Institution last studied

Degree	Marks Obtained	Total Marks	%age of Marks	Grade	Enclosed proof

Particular Subject Details

Subject	Marks Obtained	Total Marks	Percentage (%)	Remarks
Materia Medica				
Repertory & Case Taking				
Paediatric / Practice of Medicine				

Specialty Priority (Mark 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>)

Homoeopathy Pharmacy  Materia Medica  Peadiatric   
 Homoeopathic Philosophy  Practice of Medicine  Psychiatry  Repertory

Entrance Exam Details

Name of Exam	Year	Roll No.	Marks	Rank

I \_\_\_\_\_ hereby declare that all the information provided above is true & correct to the best of my knowledge and i will be solely responsible for the same.

Signature of Student

# Declaration

## Undertaking by the candidate

1. I hereby declare that entries made by me in this form are correct to the best of my knowledge and I have not concealed or misrepresented any information in any manner.
2. I hereby declare that I will promptly inform the college about any change in my address, phone number and/or mobile number, failing to do which I indemnify the college authority from non-receipt of information.
3. I shall abide by all the rules and regulations of the Institute including those with regard to program of studies, syllabus, scheme of examination, disciplinary rules, hostel rules, and any other rules that are in effect and/or that may be laid down time to time by the College, the enrolling University, and the Council during the period of my studies and I will not associate myself with any activity against the discipline of the institution.
4. I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities, which may include cancellation of candidature / admission.
5. I certify that I am not involved in any illegal activity and criminal case pending against me in any court of law.
6. I understand that if at any stage it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled immediately and automatically and I shall have no claim whatsoever on seat or fees paid to the College.
7. I hereby declare that I am not doing any government or private job and I will attend classes regularly and full-time.

Date :

Signature of Candidate

Place :

Name

## Undertaking by Parents / Guardian

I certify that my son / daughter / ward Mr. /Ms. /Mrs. (Student Name)..... has submitted this application for (course)..... of (duration)..... years with my knowledge and consent and I hold myself responsible for his / her good conduct, his / her maintenance and any payment that may be due during the stay at the institution. The entries made by him / her in the admission form are correct to the best of my knowledge.

Date :

Signature of parents/guardian

Place :

Name :

(On Rs. 500/- Non Judicial Stamp Paper)

(TO BE EXECUTED BY THE STUDENT)

### GUARANTEE BOND

- I. I.....S/o - D/o.....  
..... aged ..... years hereby solemnly declare that I have been made aware of the facilities and infrastructure of the College. I have also understood the rules & regulations of the College, the enrolling University and the Council & solemnly affirm to abide by them. I have understood that any amended rules by concerned authorities that may be effective from time to time shall also be binding on me.
- II. Now I hereby solemnly guarantee, affirm, undertake, and declare as under
- a. That I will not engage in ragging activities and any act of indiscipline, failing which I will be liable for punitive action, as decided by College authority.
  - b. That I am physically (except those certified दिव्यांग) and mentally healthy. I am not suffering from any chronic ailment, depression, etc. which may adversely affect my studies and or behavioral pattern.
  - c. That I will attend all theory, tutorial, laboratory classes and will maintain attendance above 75% in each subject and every session, in order to be able to appear in the examinations as per the rules and regulations in force of the College, the enrolling University, and the Council and the same shall be binding on me. I will be responsible to regularly verify and inform my Parents/Guardian about the status of my attendance and performance from the concerned Principal/authority. I am fully aware that due to short attendance I shall NOT be permitted to appear for any or all examinations of the concerned period / session. In this respect, I will be solely liable for punitive action, as decided by College authority.
  - d. That I have not resorted to any criminal nor any in disciplinary act during the past years.
  - e. That I will deposit regular Annual fees latest by 31st August every year as prescribed by the College; and additional late fees, as prescribed by College, in case I fail to deposit fees on time.
  - f. That if I abandon the course in midstream before completion of full course, because of whatsoever reason, I am liable to pay all due fees etc. for the remaining period (Total period of admitted course) as per the rules of the College.
  - g. That I will deposit fees for the additional period of studies, also latest by 31st August, for extended years if I do not complete the Degree course in prescribed time period for reasons, what so ever.
  - h. That I will not claim any refund of fees etc. from the College, once deposited.
  - i. That I agree to deposit the fees, if revised, as per the laid down norms of State Government and University.
  - j. That I am depositing the original certificates as required by the College and will take them back only after the completion of the course.
  - k. That all issues are subject to Jaipur Jurisdiction only.
- III. I solemnly declare that the information submitted in the application forms and documents is correct to the best of my knowledge.

Date :

Signature of Student

Place :

Name of the student

Resident of .....

.....

.....

I have read & understood the contents of this GUARANTEE BOND and agree to abide by and accept the same. I also undertake to and bind myself to pay, on behalf of my ward, all such fees, charges, etc. which will be levied from time to time by the College, the enrolling University and the Council.

Signature of Parent/Guardian

Name of Parent/Guardian

Telephone (STD).....

Mobile.....

## Documents Attached

(Also attach two photocopy of each document)

Enclosed Documents (Tick  at Documents Attached)

- Allotment letter / order from the Govt. of Rajasthan (if applicable)
- Original mark sheets of 10<sup>th</sup> & 12<sup>th</sup>
- Original Certificate of passing Senior Secondary (10+2) or equivalent from recognized board
- Original Certificate confirming the date of birth (Secondary School Certificate)
- Character Certificate by Principal of the School / College last attended
- Transfer Certificate / school leaving certificate (T.C.) from last school/college
- Bhamashah Card for Govt. Scholarship
- Aadhar Card for Govt. Scholarship
- Caste Certificate ( जाति प्रमाण पत्र ) (if applicable)
- Residence Certificate ( मूल निवास प्रमाण पत्र ) (applicable only for students from outside Rajasthan)
- Migration Certificate (If Candidate does not belong to Rajasthan Board)
- Certificate of physical fitness
- Any other certificate of merit (if applicable)
- Enclose DD / Cash
- Declaration by candidate & parents
- Guarantee Bond (On Non-Judicial Stamp Paper)
- 5 passport sized color photographs not more than three months old
- 2 photocopy of Photo ID (Voter ID / PAN Card / Aadhar Card / Driving License / Passport)
- 3 self addressed envelopes with postage stamp

Note : please note students must keep extra photocopy of document for themself

Signature of Student

Signature of Incharge

## विद्यार्थी का शपथ पत्र

मैं ..... पुत्र श्री..... आयु .....  
निवासी ..... शपथ पूर्वक  
बयान करता/करती हूँ कि :-

1. मैं (संस्था का नाम).....में (कोर्स का नाम).....  
..... का/की छात्र/छात्रा है।
2. मुझे माननीय सर्वोच्च न्यायालय नई दिल्ली द्वारा याचिका संख्या 646/98 (विश्व जाग्रति बनाम केन्द्रीय सरकार) प्रकरण में वर्णित रेंगिंग की व्याख्या एवं सजाओं की सूचनाओं को गौर से पढ लिया है तथा अपने अभिभावक को भी इनसे अवगत करा दिया है।
3. मुझे ज्ञान है कि माननीय सर्वोच्च न्यायालय द्वारा शिक्षण संस्थाओं में रेंगिंग पूर्णतः प्रतिबंधित की गई है।
4. मैं अपने (कोर्स का नाम) .....कोर्स की अवधि में किसी भी रेंगिंग की गतिविधि में हिस्सा नहीं लूंगा/लूंगी।
5. यदि मैं रेंगिंग की किसी भी गतिविधि में लिप्त पाया/पायी गया तो माननीय सर्वोच्च न्यायालय द्वारा निर्देशित दण्ड का/की भागी होउंगा/होउंगी।

हस्ताक्षर शपथकर्ता

### सत्यापन

मैं.....पुत्र श्री.....आयु.....  
निवासी..... शपथ  
पूर्वक बयान करता/करती हूँ कि इस शपथ पत्र में बिन्दु संख्या 1 से 5 तक मेरे निजी जानकारी में सत्य है। उसमें कुछ भी गलत नहीं है। अतः ईश्वर मेरी मदद करें।

दिनांक .....

हस्ताक्षर शपथकर्ता

(सत्यापित नौटरी पब्लिक)

## अभिभावक का शपथ पत्र

मैं ..... पुत्र श्री ..... आयु.....  
निवासी..... शपथ

पूर्वक बयान करता/करती हूँ कि :-

1. मेरा/मेरी पुत्र/पुत्री (विद्यार्थी का नाम) .....  
(संस्था का नाम)..... में (कोर्स  
का नाम) ..... कोर्स का/की छात्र/छात्रा है।
2. मुझे माननीय सर्वोच्च न्यायालय नई दिल्ली द्वारा याचिका संख्या 646/98 (विश्व जाग्रति बनाम केन्द्रीय  
सरकार) प्रकरण में वर्णित रेंगिग की व्याख्या एवं सजाओं की सूचनाओं का ज्ञान है।
3. मेरा पुत्र/पुत्री अपने (कोर्स का नाम) .....  
कोर्स की अवधि में किसी भी रेंगिग की गतिविधि में हिस्सा नहीं लेगा/लेगी।
4. मेरा/मेरी पुत्र/पुत्री रेंगिग की किसी भी गतिविधि में लिप्त पाया/पायी गया तो माननीय सर्वोच्च न्यायालय द्वारा  
निर्देशित दण्ड का/की भागी होगा/होगी।

हस्ताक्षर शपथकर्ता

## सत्यापन

मैं.....पुत्र श्री.....

आयु ..... निवासी .....शपथ

पूर्वक बयान करता/करती हूँ कि इस शपथ पत्र में बिन्दु संख्या 1 से 4 तक मेरे निजी जानकारी में सत्य है। अतः ईश्वर मेरी  
मदद करें।

दिनांक .....

हस्ताक्षर शपथकर्ता

(सत्यापित नौटरी पब्लिक)

FORM OF MEDICAL CERTIFICATE

( To be produced at the Institution along with fee )

(Kindly issue this certificate only when the candidate is fit as per standards given over leaf))

I/Dr \_\_\_\_\_ (Name) working in \_\_\_\_\_

(Name of Hospital & Place) Certify that I have carefully examined \_\_\_\_\_

(Name of Candidate) S/o, D/o, W/o Shri \_\_\_\_\_

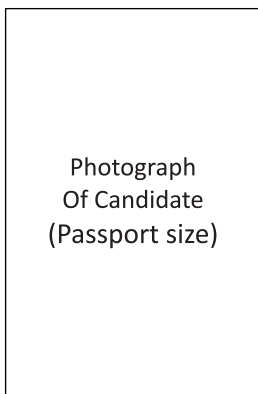
Whose photograph attested by me is affixed here with. As a result of his/her medical examination. I have discovered nothing that may disqualify him/her from admission to a RUHS in Rajasthan ACCORDING TO THE STANDARDS OF PHYSICAL FITNESS PRESCRIBED OVERLEAF. I have to further report that:

He/ She have no disease or mental or bodily infirmity making him/her unfit or likely to make him/her unfit in the near future for active outdoor duty, as a Technician.

Marks of identification \_\_\_\_\_

Hence the candidate is fit as per standards given overleaf for admission to RUHS in Rajasthan.

Signature of Candidate



Signature of Medical officer

Seal of Designation  
And Hospital

Dated :

Photograph must also be attested  
By above Medical Officer

- N.B.
1. This certificate shall be signed by a Govt. Medical Officer of Gazetted rank.
  2. The Govt. Medical Officer should sign and stamp his seal across the photograph.
  3. Minimum conditions regarding height and chest are not applicable for female candidates.
  4. Physically Handicapped candidates should fulfill all the standards of medical fitness except the bodily disability for which he has been declared handicapped. For which separate certificate on a prescribed Performa is to be produced at the Institution.





# Swasthya Kalyan College of Pharmacy

## PARENTS/GUARDIAN IDENTIFICATION PERFORMA

Parents:-

Father's  
Photo

Mother's  
Photo

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact No. (R) \_\_\_\_\_

Contact No. (R) \_\_\_\_\_

(O) \_\_\_\_\_

(O) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardians (Any Two): - (Nominated by Parents only)

Guardians  
Photo

Guardians  
Photo

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact No. (R) \_\_\_\_\_

Contact No. (R) \_\_\_\_\_

(O) \_\_\_\_\_

(O) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_