



Al-Ameen Educational Society's

AL-AMEEN COLLEGE OF PHARMACY

Hosur Road, Near Lalbagh Main Gate, Bengaluru - 560 027.

Ph.: 080 22234619, 22225834 Email: info@alameenpharmacy.edu Web: alameenpharmacy.edu

Passport
Photo

Application No. _____

APPLICATION FORM

<input type="checkbox"/>	D.Pharm	<input type="checkbox"/>	B.Pharm	<input type="checkbox"/>	Pharm.D
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1. Name of the Applicant : _____

(Only in Block Letters) as in X Std. Marks Card

2. Date of Birth : _____

Place of Birth : _____

3. Nationality : _____

Aadhar No. : _____

(Only if Indian)

4. Religion : _____

Caste : _____

5. Gender M F Others

6. Name of the Father/Guardian : _____

7. Name of the Mother/Guardian : _____

8. Occupation of the Father/Guardian : _____

9. Annual Income of the Father/Guardian : _____

10. Address of the Student (Local) : _____

Address of the Student (Permanent) : _____

Mobile No. Student : _____ Mobile No. Father/Guardian: _____

E.mail ID of Student : _____

E.mail ID of the Father/Guardian : _____

Name of the School/College last attended and Address : _____

Photostat Copy of Marks Card to be attached Yes No Month and year of Passing

11. Admitted under Management Quota Govt. Quota

11. Marks in the Qualifying Examination

SUBJECT	Max Marks Allotted	Max Marks Scored	Percentage of Marks
Physics			
Chemistry			
Mathematics			
Biology			
FOR B. PHARM (LATERAL ENTRY) ADMISSION			
1 st . D.Pharm			
2 nd . D.Pharm			

Percentage of PCM: Percentage of PCB:

Over all Percentage of 12th Std.: Over all percentage of D.Pharm:.....

12. I promise to abide by the rules, regulation and orders of the college, its Authorities and Office. I will accept the decision of the Principal in all matters of discipline as final. I accept to pay the fees of Remaining Years. If at all i cancel the seat due to any reason.

Date:

Signature of the Applicant

13. I have read the prospectus of the college and accept it. I agree to the applicant’s admission to theclass. I shall be responsible for the payment of all his/her fees and any other charges within the specified date. I shall also be responsible for his/her conduct and good behavior during the period of his /her college career. I will accept the decision of the Principal in all matters of my ward as final. If at all we cancel the seat due to any reason. I give undertaking that we will pay the remaining years fees.

Date:

Signature of the Parent/Guardian

CHECKLIST FOR DOCUMENT ENCLOSURE ALONG WITH APPLICATION

- | | |
|----------------------------------|--|
| 1) 10th Marks Card | 4) Aadhar Card Copy |
| 2) 12th Marks Card / Equivalence | 5) Passport Size Photo (5 Nos.) |
| 3) Transfer Certificate (TC) | 6) Migration Certificate
(Only for students of outside Karnataka) |

For Office use only

Admitted to :

Date :

Fee Collected Rs. :

Receipt No. :

Date :

Principal

Accountant