



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

M.Pharm _____

Pharm.D (PB) _____

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

10. Academic Record

D.Pharm over all Percentage : _____
B.Pharm over all Percentage : _____
Cumulative Grade Point Average : _____
Grades Obtained : _____

11. Mention the Preference discipline you wish to study.

a) Pharmaceutics b) Pharmacology c) Quality Assurance
d) Pharmacy Practice e) Pharmaceutical Chemistry f) Pharmacognosy

13. 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

14. 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 | 6) Industrial Training Certificate |
| 2) 12th Marks Card/Equivalence | 7) State Council Reg. Certificate |
| 3) Transfer Certificate (TC) | 8) Aadhar Card Copy |
| 4) B.Pharm Marks Card | 9) Passport Size Photo (5 Nos.) |
| 5) B.Pharm Degree Certificate | 10) Migration Certificate (Only for students of out side Karnataka) |

FOR OFFICE USE ONLY

Admitted to :
Date :
Fee Collected Rs. :
Receipt No. :
Date :

Principal

Accountant