



21-22

APPLICATION FORM

STUDENT ID:



R.A. INSTITUTE OF PHARMACY

CAMPUS : RAMWAPUR, KURTHIYA, SIDDHARTH NAGAR, (U.P.)

DATA FORM

APPLICATION No.

PERSONAL DATA OF STUDENT

Name _____

Date of Birth _____ Place of Birth _____

Category (Please Tick) GEN OBC SC ST

AADHAAR No. _____

E-mail ID _____

Permanent Address _____

Correspondence Address _____

PARENT'S/GUARDIAN'S INFORMATION

Father's Name _____ Mother's Name _____

Occupation _____ Service _____

Business _____ Designation (if in service) _____

Name of Organization _____

Telephone No. _____ E-mail ID _____

Mobile No. _____ Family Income (per annum) _____

OTHER RELATIVE'S INFORMATION

Relatives who are studying/have studied in RA Institute of Pharmacy _____

Name 1. _____ Course _____ Year of Joining _____

Relationship _____

Recent
Photograph



TRANSPORT

Institute Bus facility required Yes No

HOSTEL

Will you require Hostel Accommodation? Yes No

ACADEMIC BACKGROUND

Qualification	School/College	Board	Year	Subject	% of Marks
High School					
Intermediate					
Others					

HEALTH INFORMATION

Please describe your General Health condition :

1. Any injury of illness in last 3 years requiring more than a week to recover (if yes, gives details) :

i Allergies, if any _____ ii Blood Group _____

Note : Please attach a medical certificate from a qualified registered doctor.

FEE DETAILS

Head	Details	Fees			
		1st Year	2nd Year	3rd Year	4th Year
Academic Fee					
Academic Kit					
Examination Fee	(Annually as per affiliating body)				
Remark if any					

Note : Please bring your original Certificates/Degrees as well as Migration Certificate/Transfer Certificate with you at the time of admission.

DECLARATION

I understand that final admission is subject to policies of affiliating body (University/Board).

I hereby declare that the information furnished above is true and complete. I understand and agree that misrepresentation or omission of facts will justify the denial of admission/cancellation of admission by Institute/Univrsity/Board.

I undertake to adhere the rules and discipline of the Institute and shall hold myself responsible for 60% payment of all financial dues by July 31 and remaining by Nov. 30 of every academic year, in case I am offered admission.

Date :

Sign. of Student

Sign of Parent

Place :

DOCUMENT SUBMITTED

Mark Sheet

High School	<input type="text"/>
Inter Mediate	<input type="text"/>
Migration/T.C.	<input type="text"/>
Medical Certificate	<input type="text"/>
Valid Income Certificate	<input type="text"/>
Caste Category Certificate	<input type="text"/>
Domicile Certificate	<input type="text"/>

FOR OFFICE USE ONLY

Original Mark Sheet submitted (Yes/No)

Document Verified by _____ Admission Approved by _____



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