



VEDA EDUCATIONAL CHARITABLE TRUST (R)

# S.S. COLLEGE OF PHARMACY

#72&73, 3rd Cross, Amruthahalli, Yelahanka Hobli, Bengaluru - 560 092.

M: 93411 31798/82178 90441 | E-mail : sscollegeofpharmacy@gmail.com

Application No. : 484

## Application for Admission to Diploma in Pharmacy Course

Batch: 20 - 20

Part - 1

Passport  
Photo

No.

To,  
The Principal  
S.S. College of Pharmacy,  
Bengaluru - 560 092.

Sir,

I) I the undersigned seek admission to the Diploma in Pharmacy Part-1 in your Institution.  
If admitted, I agree to bound by the rules and regulations in force as well as those that  
may be framed in future by the Institution.

II) I give below the necessary particulars & undertake that so long as I am the Student of the  
Institution, I will not interfere with its disciplinary actions.

III) I have attached the following Original documents;

1. SSLC / 10th Marks Card.
2. Statement of marks of PUC II Year / Intermediate Science Examination.
3. School Leaving / Transfer Certificate.
4. Character Certificate from the Head of the Institution last attended.
5. Physical Fitness Certificate.
6. Passport Photographs.
7. ID Proof

IV) 1. Candidate Name in full (Block Letters)

2. Fathers Name

3. Permanent Address

4. Local Address

5. Date & Place of Birth

| Date                 | Place                | District             | State                |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

6. Nationality etc. Indian ☐ Others ☐

7. Marital Status Married ☐ Un Married ☐

8. Languages known

|         | Read                 | Write                | Speak                |
|---------|----------------------|----------------------|----------------------|
| English | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hindi   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Kannada | <input type="text"/> | <input type="text"/> | <input type="text"/> |

9. Name, Occupation & Address  
of Parent / Guardian

(P.T.O)



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| 9. Annual Income of Parent / Guardian   |          |                 |                |                  |                                   |                           |
|---|----------|-----------------|----------------|------------------|-----------------------------------|---------------------------|
| 10. State whether from Urban or Rural Urban <input type="checkbox"/> Rural <input type="checkbox"/>   |          |                 |                |                  |                                   |                           |
| 11. Last School / College Attended<br>(Specify the Name)  |          |                 |                |                  |                                   |                           |
| 12. Religion & Caste GEN <input type="checkbox"/> OBC <input type="checkbox"/> SC/ST <input type="checkbox"/> Others <input type="checkbox"/> |          |                 |                |                  |                                   |                           |
| 13. Academic Information  |          |                 |                |                  |                                   |                           |
| Examinations  | Reg. No. | Year of Passing | Marks Obtained | Total Percentage | Percentage of marks PCM/PCB Marks | Name of University/ Board |
| P.U.C. Sc.  |          |                 |                |                  |                                   |                           |
| Others  |          |                 |                |                  |                                   |                           |

Date:

Signature of the Applicant

Place:

I hereby declare that I hold myself responsible for the timely payment of all dues to the College, in respect of my ward. I myself agreed to abide by the rules & regulations of the college during the period of study of my ward at the Institution and thereafter till the accounts are closed. I also hold myself responsible for the disciplinary behaviour of my ward. I shall never ask for refund of any fee paid to College under any circumstances whatever it may be. Also I agree that once the any fees paid is non refundable.

Relationship with the Applicant

Signature of the Parent / Guardian

Date:

Place:

(FOR OFFICE USE ONLY)

Date:

Place:

Principal  
S.S. College of Pharmacy  
Bengaluru - 92