



Aryabhatta

College of Pharmacy

Approved by PCI New Delhi and affiliated to RUHS, Jaipur
Address : Behind Mahila Kalyan Mandal, Chachiyawas, Ajmer (Raj.) - 305023

Admission Form

Form No. _____

Reg. No : ARYA

Course Applied For _____ Branch _____ Year _____

Personal Details

Student's Name _____

Student's Name in Hindi _____

Father's Name _____

Mother's Name _____

Student's Aadhar Card No. _____

Father Occupation _____

Student's Mobile No. _____

Father's Mobile No. _____

Affix a Recent
Color Photograph

D.O.B. ____/____/____ Gender : Male / Female Marital Status _____

Nationality _____ Domicile _____ Minority _____

Category _____ Sub Category _____ E-mail _____

Correspondence Address _____

State _____ District _____ Zip Code

Permanent Address _____

State _____ District _____ Zip Code

Qualifying Examination Details

S.No.	Examination	School/Board/University	Roll No.	Max Marks	Obt. Marks	%	Div	Pass Year

Previous School/ Previous College _____

Qualifying Subject Details

S.No.	Subject	Max Marks	Min Marks	Percentage
1	English			
2	Physics			
3	Chemistry			
4	Maths/biology			

Migration/enrollment Details

Migration No.	
Date of Issue	

Source of Admission _____

Entrance Examination Details

Name Of Entrance Examination	
Entrance Exam Roll No.	
Max. Marks	
Marks Obtained	
Percentage	
Year Of Passing	

Date of Admission _____

Annual Course Fees (For Office Use Only)

Annual Course Fee _____
Tution & Devlopment Fee _____ Caution Money _____
Bus Fees _____ Hostel Fees _____
Others _____

Note: - University Development Fees and Examination fees will be charged as per university guidelines.

Declaration

I hereby declare that the information given above is true to the best of my knowledge. I am aware that if any of the particulars given above are subsequently found to be incorrect, my registration/admission is liable to be cancelled and fees shall be forfeited, besides rendering me liable to such action as the college may deem proper. My admission, if granted shall be in accordance with the rules, terms and conditions of the institution.

Place _____

Date _____

Signature of Applicant _____