

12. Furnish the following details for the four / seven consecutive academic years ending with the month and year mentioned in Col. 9 (a) above. Study / Bonafide Certificate from Heads of Institution (s) should be enclosed as proof.

Academic Year	Class in which studied during the year (if did not study in any year state so and specify the reason in remarks column)	Name of the Institutions & Place	Remarks
S.S.C.			
Intermediate (Junior/Senior)			
Degree			

13. Identification (Marks As Per S.S.C.): 1).....
2).....

14. Certificate Enclosers :

- | | | | |
|--|--------------------------|--------------------------------|--------------------------|
| 1) Rank Card of GPAT/PGCET | <input type="checkbox"/> | 6) Study/Residence Certificate | <input type="checkbox"/> |
| 2) Hall Ticket of GPAT/PGCET | <input type="checkbox"/> | 7) Caste Certificate | <input type="checkbox"/> |
| 3) SSC/SSLC/Matriculation of Equivalent | <input type="checkbox"/> | 8) Transfer Certificate | <input type="checkbox"/> |
| 4) Memorandum of marks of qualifying Examination | <input type="checkbox"/> | 9) Income Certificate | <input type="checkbox"/> |
| 5) Provisional certificate of qualifying Examination | <input type="checkbox"/> | 10) Others | <input type="checkbox"/> |

Clerk

Principal

DECLARATION BY THE CANDIDATE

I hereby furnish the undedrtaking that :

- I will be governed by the Rules and Regulations framed already or which would be framed in future with regard to the M.Pharmacy Post-Graduate Course.
- I will abide by the schemes of instruction and examinations, rules and regulatuions in respect of attendance, passing percentage and percentages applicable to the award of divisioin, etc., as applicable to the D/B/ M.Pharmacy course of Care College of Pharmacy.
- I also declare the the statement made by me in this applicatin are complete and correct. I have not suppressed any informatio. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false.

Dtae

Signature of the Candidate

DECLARATION TO BE SIGNED BY THE FATHER / GUARDIAN

I agree to the applicant's admission to the D/B/M.Pharmacy at Care College of Pharmacy, Oglapır. I shall be responsible for the payment of all his fees and other charges. I shall be responsible for his/her conduct and good behaviour during of his/her college carrer. I endorse that the information furnished by my son/dauther/ward is true to the best of my knowledge.

Dtae

Signature of the Father/Guardian