



K.S. Group of Institution

Kakardahi, Baghpur, Kanpur Dehat-209307

Mob. : 9670636000, 9140499028 # E-mail : kscollegeofpharmacy@gmail.com

Web : www.ksinstitution.org.in

FORM No.

Admission Regn. No. :

Name of the Course : - D. Pharma / ANM / B.H.M.S.

(Strike out which is not relevant)

PHOTO

1. Full name of Candidate (In Capital Block Letters)
(Name to be written as per Metric Higher Secondary certificate) :
2. Full Name in Hindi :
3. Date of Birth :
4. Sex : Male / Female
5. Father's Name :
6. Mother's Name :
7. Name of Guardian (If Father is not alive) :
8. Occupation of Father/Guardian :
9. Annual Income of Father/Guardian :
(Furnish Income Tax Return in proof of the income)
10. Permanent Address / Communication. Mobile/Ph. :
11. Correspondence Address / Mobile No. :
12. E-mail Address :
13. Nationality / State of Domicile :
14. Married / Single / Divorce :
15. Category (General / SC / ST / OBC) :
16. Sports Achievement (State highest achievement) :
17. Medium of Examination Opted : English / Hindi
18. Aadhaar No. :

Qualifying Exam	Name of University / Board	Year of Passing	Roll No.	Marks Obtained	Total Marks	Division & %	Result
1. High School equivalent							
2. 10+2 or equivalent							
3. B.A./B.Sc./ B.Com., others							
4. Any Other Qualification							

Place :

Signature of the candidate

Date :

Name



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UNDERTAKING BY THE CANDIDATE

I S/O D/O Shri
have thoroughly read and understood all the details in the prospectus and I am fully aware of selection/admission procedure and Rules of the College. I also undertake to abide by all such provisions as mentioned in the Prospectus and Rules of the College, as intimated by the Principal from time to time.

I solemnly declare that I am not working in any institution on the date of admission. I will attend all the class regularly as per the time table of the college, I therefore, undertake that in case of short of my attendance less than 85% as per the affiliating University Rules the college authorities shall be at the liberty to delete my name from the roll of the students with out any information to me. For which I shall solely be responsible and I will neither claim any refund of my fees nor claim any compensation or legal right against the college or any of its authority in the court of law in any manner.

I solemnly affirm that in case of my discontinuation in the studies for any reason the college authorities shall be authorized to encash the cheques deposited towards the fee as post dated cheques in favour of the college. I have also understood that in case of dishonor of the Cheques I shall be liable for the Criminal Consequences as per the law.

Solemnly declare that all the information provided and documents furnished by me as attached enclosures are true to the best of my knowledge and that no information has been with held/concealed. I also understand that at any point of time if any information is found to be incorrect/ false and / or concealed I shall be liable to be rusticated from the Institute or any consequences thereof. I shall abide by the decision of the Principal of the College.

Place : Signature of the Candidate

Date : Name of Candidate

UNDERTAKING BY THE PARENT GUARDIAN

IFather/Guardian of applicant am fully aware of the rules and (procedures mentioned in the prospectus of the college and undertake that my ward shall be himself/herself responsible for any risk of injury during the course of studies at the college Solemnly declare that I will pay all the fees by bank draft before taking the admission of my ward. In case of any balance I shall deposit the post-dated cheque of such amount in favoring the Banshi College of Education and I shall be liable for the Criminal/Civil consequence as per the law in case of the dishonor the cheque.

Signature of Mother

Name

Address

.....

Paste a
ticket Size
Photo of
Mother duly
Signed
across the
Photo

Signature of Father/Guardian

Name

Address

.....

Paste a
ticket Size
Photo of
Father duly
Signed
across the
Photo

Note :

1. Application received at the college after the last date of submission will not be registered.
2. Applications must be accompanied by the following documents. (Tick the ones you have enclosed)
 - i. Date of birth certificate (Xerox copy & original copy)
 - ii. Character certificate from the Head of the Institution last attended original.
 - iii. Evidence of Education qualifications and professional service experience (Xerox Copies and original).
 - iv. Medical Certificate (in the prescribed form)
 - v. Ten photographs of passport size - one pasted on the application from duly attested by the Head of institution or a person in local / central government holding an elected post.
 - vi. Scholarship Application forms.
 - vii. Transfer Certificate.
 - viii. Migration Certificate (If Candidate is from CSJM University Kanpur then Migration is not required).



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ADMISSION FORM

Course

Year 202 - 202