

To be filled up and submitted for Counseling and Admission Sl. No.....

# RAHMAN INSTITUTE OF PHARMACEUTICAL SCIENCES AND RESEARCH (RIPSR)

(Recognized by Pharmacy Council of India, AICTE and Approved by Govt. of Assam  
Affiliated to Assam Science and Technology University)

**Kamarkuchi, Tepesia, Kamrup(M), Assam. Pin-782402**

**Ph No-9706192766, 7002486750**

Enclose 4  
Passport size Photos  
(Self Attested)

## APPLICATION FORM for B.Pharm and D.Pharm

For Academic Session 2020-2021

(Admission sought in: D.Pharm/ B.Pharm/B. Pharm (Lateral))

1. Name of the Applicant: .....

(In Block Letters)

2. Date of Birth:       Age on 1<sup>st</sup> January, 2020: .....

3. Gender:  Male  Female  Others

4. Father's/Guardian's Name:.....

Occupation :.....

5. Mother's Name : .....

Occupation : .....

6. PAN Card No. :

7. Applicant's Aadhar Number:

8. Family Income :.....

9. Mother Tongue : .....

10. Nationality: ..... Marital Status: .....

11. Caste/Community:.....Religion: .....

12. Language Known :

TO SPEAK	TO WRITE	TO READ

13. Have you applied under physically disabled quota: Yes / No.

If yes, attach certificate

14. Student's Contact Number: .....

Student Email: .....

15. Parent's/Guardian's Contact Number: .....

16. Mailing Address: .....

.....

Permanent Address: .....

..... Post Office.....PIN Code .....

District.....State/UT.....

Phone: .....

E-mail: .....

Local Guardian's Address: .....

Phone: .....

E-mail: .....

17. Details of Examinations Passed:

Name of the Examination	Name of the Educational Institute	Name of the Board/ University	Year of Passing	Reg. No & Roll no.	Total Marks Prescribed	Total Marks obtained	% of Marks Obtained
H.S.L.C.							
H.S. (10+2)							
D.Pharm							
Any Other							

18. Details of Marks Obtained in H.S. (10+2) or Equivalent Science examination

Examination	Marks Secured				% of marks in aggregate of	
	Phys(P)	Chem(C)	Bio(B)	Math(M)	PCB	PCM
H.S. (10+2) / Equivalent Science						

*\*Individual Pass marks should be obtained in all subjects.*

19. Extra-Curricular Activities: .....

20. Reference: (Minimum 2 names and their contact details)

a. ....

b. ....

21. Checklist of documents (Originals and or Copies). Please tick, whichever is applicable

1	Four Copies of passport size recent colored Photographs	Submitted / Not Submitted	Remarks
2	For Candidates wearing spectacles, a recent certificate stating the power of the glasses		
3	Admit card of HSLC Examination, (as age proof)		
4	HSLC Examination Marks Sheet		
5	HSLC examination pass certificate		
6	Admit card of H.S. (10+2)/Equivalent examination		
7	Marks sheet of H.S. (10+2)/Equivalent examination		
8	Pass certificate of H.S. (10+2)/Equivalent examination		
9	Migration Certificate (Applicable to those who were registered in any other Board/University other than AHSEC)		
10	Character certificate from the Head of the institute last attended		
11	Gap Certificate (If any)		
12	Marks sheet and Pass certificate of D.Pharm (for lateral entry)		
13	Medical History Record (Physical fitness certificate) with signature and stamp from a registered medical practitioner		
14	Aadhar Card Copy		
15	NRC Copy ( <i>Applicable for Assam only</i> )		

**Joint Declaration by the Parents/Guardian & the Candidate**

1. I declare that the entries and documents submitted in support of the information furnished by me in this application form are true in all respects and in case of any entry or information or documents are found to be false, this entail automatic cancellation of my admission besides rendering me liable to legal proceedings. I agree and consent that my admission to the Rahman Institute of Pharmaceutical Sciences and Research on its roll are subject to the provisions of the rules, regulations and by laws and instruction which may be issued from time to time by the Institute Authorities & the Hospital administration.
2. Declare that the entries made above by my daughter are completely true and case of any discrepancy found after admission her name may be struck off from the college roll. I assure that I will pay the fees as per schedule. I declare that she is unmarried and will remain so till the completion of the course. Failing which I will withdraw her from the School/ college myself and Rahman Institute of Pharmaceutical Sciences and Research, Guwahati will be free to strike her name from the Institute roll.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature

Signature of Parent/Guardian

Place: \_\_\_\_\_

Date: \_\_\_\_\_

***\*\* Fees once paid, will not be refunded.***

**FOR OFFICE USE**

Application received on ..... Eligible: ..... Not Eligible .....

Admission approved: ..... Selected: ..... Not Selected: .....

1. The candidate has paid the admission, hostel and other fees amounting a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) in cash/demand draft D.D. No \_\_\_\_\_ Dated \_\_\_\_\_ vide receipt No. \_\_\_\_\_ dated \_\_\_\_\_.(Demand Draft favouring "RAHMAN INSITUTE OF PHARMACEUTICAL SCIENCES AND RESEARCH,TEPESIA" on any nationalized bank payable at Tepesia, Sonapur.)
2. The student has been provisionally admitted/not admitted in \_\_\_\_\_ on this date \_\_\_\_\_ 20 \_ \_.
3. Class Roll number \_\_\_\_\_ of the session 2019-2020.

.....

**Signature of Authorized Admission Officer**

RIPSR, Tepesia, Sonapur, Assam

Date:- / /

.....

**Principal**

RIPSR, Tepesia, Sonapur, Assam

Date:- / /

**Rahman Institute of Pharmaceutical Sciences and Research (RIPSR)**

**Tepesia, Sonapur, Assam**

**Acknowledgement**

Name: .....

Address: .....

.....

.....

Application form number: .....

Date: .....

**Receiver's Signature with date and seal**