



MANIKARAN COLLEGE OF PHARMACY

Recognised by Pharmacy Council of India (PCI)
Affiliated to Diploma in Pharmacy Examination Committee, Bariatu, Ranchi, Jharkhand

DOCUMENT SUBMISSION FORM

Application No.:

(For Office Use Only)

Session : Enrollment No.

Name : _____

Father's Name : _____

Mother's Name : _____

Please Mark ✓ or X

- ① Marks Sheet. 10th 12th Graduation Post Graduation
- ② Provisional/Final Degree (Mark "P" for Provisional Degree, "F" for Final Degree & "X" for Non)
10th 12th Graduation Post Graduation
- ③ College Leaving Certificate/Department Leaving Certificate
Graduation Post Graduation Any Other _____
- ④ Registration No. _____
- ⑤ Migration Certificate (A) University Name _____ (B) Certificate No. _____
- ⑥ Cast Certificate for ST/SC/OBC with Name of issuing authority. _____
- ⑦ Admit Card 10th 12th Graduation Post Graduation
- ⑧ N.C.C Certificate Certificate No. _____
- ⑨ Sports Certificate Certificate No. _____
- ⑩ Residential Certificate Certificate No. _____
- ⑪ NOC from employer, if any Certificate No. _____
- ⑫ Affidavit as per format in Prospectus

I _____ S/O-D/O _____

Certify that I am submitting following documents in original as mentioned above.

Signature of the Candidate

Name & signature of
Receiving Authority

Name & signature of
Verifying Authority



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Application No.:

ENROLLMENT FORM

Session :

(For Office Use Only)

Subject under which admission sought

Enrollment No.

Affix your recent
Passport size Photograph
duly signed by the
candidate

Do not Pin or Staple

1. Name of the Applicant as in the Birth Certificate or Marks card of Standard X Exam.

2. Father's Name

3. Sex :

Male

Female

4. Date of Birth & Age :

Date

Month

Year

Age

5. Blood Group :

6. Marital Status : Married

Unmarried

7. Address for Correspondence (do not repeat name)

City

State

Pin Code :

STD Code

Phone

Mobile :

E-mail

8. Permanent Address (do not repeat name)

City

State

Pin Code

STD Code

Phone

Mobile :

9. a) Nationality :

b) Religion : (Tick)

Hindu

Christian

Muslim

Others

c) Community : (Tick)

OPEN

OBC

SC

ST

d) Caste :

10. Details of Educational Qualifications (From X Standard onwards)

S.No.	Name of the Qualifying Exam.	Month & Year of Passing	Name of the School / College Studied	Name of the University / Board	Subject	% obtained
1.	X th					
2.	XII th					
3.	Graduation					
4.	Post Graduation					
5.						
6.						

11. Employment Details

a) Employed (Tick) Yes No

b) Name of the Company / Institution with Address

12. a) Whether Physically Handicapped : Yes No b) Certificate No.

13. NCC Certificates

14. Participation in State / National Level Co-curricular activities

15. Do you want hostel facility : Yes No 16. Do you want Bus facility : Yes No

Declaration

I, hereby declare that I satisfy the conditions of the eligibility advertised for admission to D.Pharma Course. All the information made in this application are true to the best of my knowledge and belief. I am aware that if at any time, it is found that any information given above is false then my candidate is liable to be cancelled.

Date : / /

Place:

Signature of Applicant

Details of self attested xerox copies of the certificate submitted by the candidate at the time of submission of form

Sl. No.	Particulars of Certificate	Please Tick
1.	10th Std. Mark Sheet(s)	<input type="checkbox"/>
2.	10th Std. Pass Certificate	<input type="checkbox"/>
3.	H.Sc. or Equipment Mark Sheet(s)	<input type="checkbox"/>
4.	Graduation Mark Sheet	<input type="checkbox"/>
5.	Graduation Pass / Provisional Certificate	<input type="checkbox"/>
6.	Post Graduation Mark Sheet	<input type="checkbox"/>
7.	Post Graduation Pass / Provisional Certificate	<input type="checkbox"/>
8.	College / Department Leaving Certificate	<input type="checkbox"/>
9.	Migration certificate (Other than Ranchi Univ.)	<input type="checkbox"/>
10.	Two self addressed envelops of size 5"x8"	<input type="checkbox"/>
11.	Caste certificate	<input type="checkbox"/>
12.	Residential certificate	<input type="checkbox"/>
13.	Other Certificate(s) if, any.	<input type="checkbox"/>

Declaration of the candidate

I declare that all the above Xerox copies submitted by me with the application form are true and genuine.

Signature of the Candidate

10. Details of Educational Qualifications (From X Standard onwards)

S.No.	Name of the Qualifying Exam.	Month & Year of Passing	Name of the School / College Studied	Name of the University / Board	Medium of Instruction	% obtained
1.	X th					
2.	XII th					
3.	Graduation					
4.	Post Graduation					
5.						
6.						

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b) Name of the Company / Institution with Address

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14. Participation in State / National Level Co-curricular activities

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13.	Other Certificate(s) if, any.	

Declaration of the candidate

I declare that all the above Xerox copies submitted by me with the application form are true and genuine.

Signature of the Candidate

AFFIDAVIT

Passport
Size
Photograph

I

S/o / D/o

& aged about resident of

District State Pin

by faith by caste by occupation

does hear by solemnly affirm / swear as follows :-

1. That I am a student of Manikaran College of Pharmacy undergoing D.Pharma Course through regular mode.
2. That I have read & understand the rules and regulations given in the prospectus of the college.
3. That I will abide by rules and regulation currently in force and the amended/alterd in future from time to time by the management of Manikaran College of Pharmacy.
4. I will not indulge in any activity that would tarnish the image of the institution.
5. That the management of Manikaran College of Pharmacy has every right to suspend dismiss me from the college or even debar from the examining body in case I breach the code of conduct.
6. That the fees once paid will not be refunded under any circumstances.
7. That my admission is subject to the approval from management of Manikaran College of Pharmacy.
8. That the information furnished in Application/Admission Form is true and correct.
9. That if at any time, it is found that any information or Documents presented by me is false then my enrollment is liable to be cancelled & action against me can be taken.
10. That I will secure at least 80% attendance to appear in the Examination.
11. That I will secure at least 90% attendance in Practice Teaching to appear in the Examination.

Signature of the Candidate

**(Counter signature by the)
Parents/Guardian**

Name :

Name :

Address with Contact No.

Address with Contact No.