



AZAD COLLEGE OF EDUCATION

Approved by: Pharmacy Council of India (PCI), AICTE,

Affiliated to: Board of Technical Education, Lucknow, Dr. A.P.J. Abdul Kalam
Technical University Lucknow

Contact No.: 9893248760, 9889999095

Passport
Size
Photo

Registration Form

(All the information required to be fill in capital letters only)

Admission details

Name of Course: **D. Pharmacy/B. Pharmacy**

Name of Student : _____ Mobile No. _____

Father's Name: _____ Mobile No. _____

Mother's Name: _____ Mobile No. _____

Date of Birth : _____ Place of Birth: _____

Admission Category: _____ Blood Group: _____
(SC, ST, OBC, General, GOI etc.)

Religion : _____ Nationality : _____

E-mail ID : _____

Father's Occupation : _____ Mother's Occupation : _____

ADHAR Card: _____

Sex : **Male / Female** Married : **Yes / No**

Academic details: (10th Std. Details)

Board of Exam. : _____

Name of School: _____

Roll No. : _____ Total Marks Obtained: _____ Maximum Marks: _____

Passing Month : _____ Year: _____ Percentage Marks Scored: _____ Grade: _____

(Note: Attach attested Photocopy of 10th std marks card)

Academic details: (12th Std. Details)

Board of Exam. : _____

Name of School: _____

Roll No. : _____ Total Marks Obtained: _____ Maximum Marks: _____

Passing Month : _____ Year: _____ Percentage Marks Scored: _____ Grade: _____

Signature of Student

Candidate should fill the details of marks obtained in each individual subjects at 12th std examinations in the following table.

Subjects	Marks Obtained	Maximum Marks	Average of PCB	Average of PCM
Hindi		100		
English		100		
Biology		100		
Physics		100		
Chemistry		100		
Mathematics		100		
Others		100		

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Address Details: (Permanent Address)

Address: _____

City: _____ Pin: _____ Dist. : _____ State: _____

Parent's Landline phone No.: _____ Parent's Mobile No.: _____

Candidate's Mobile No: _____ E-mail Id: _____

Nearest Bus Station: _____ Railway Station: _____

Address Details: (Local Guardian Address)

Guardian Name: _____ Guardian Occupation: _____

Relation with Guardian: _____ Guardian E-mail ID : _____

Address: _____

Pin: _____

Landline No.: _____ Mobile No.: _____

Declaration

I S/D/o hereby declare that the above mentioned information is correct to my knowledge and belief. Any discrepancy found any time during the course of studies, my admission may be cancelled.

Date:

Place:

Signature of Student

Signature of the Parents / Guardian

UNDERTAKING

1.

I, _____ S/D/o _____ having been admitted in to 1st year D. Pharmacy/B. Pharmacy at Azad College of Education. I am aware in the case for any reason for discontinuation (including due to failing in exam leading to discontinuation) of my studies at Azad College of Education, I will pay the full amount of tuition fee which I would have to pay, had I continued my course up to completion. Further, the college can take any other step that it deems fit for the recovery of fee due from me.

Signature of Student

Signature of the Parents / Guardian

2.

I, _____ S/D/o _____

Undertake that I will not join any job in industry / college / laboratory / pharmacy while studying the course or appear for any other exam conducted by this university I will complete 75% attendance in all subjects for session 2022-23 otherwise, any disciplinary action can be taken against me.

Signature of Student

Signature of the Parents / Guardian