

# **JHANKAR COLLEGE OF PHARMACY**

**BABRA BAKIPUR, DIST-GURGAON (HARYANA)**

**ADMISSION FOIL NO.**

**Session 2024-2025**

Affixed recent pass port  
size colored photo

1	Programme Diploma in Pharmacy	Diploma in Pharmacy
2	College Roll No.(For office use)	Group:
3.	Merit No/Rank No.	Cast: _____ Category: Gen/BC 'A' 'B' /OBC/
4.	Admission No:	Registration No:
5.	Students Name (in Capital letter) Hindi/English Language	
6.	Father's Name (in Capital letter) Hindi/English Language	
7.	Mother's Name (in Capital letter) Hindi/English Language	
8.	Sex (Male/Female)	
9.	Date of Birth (In figures)	(a)
	In Words	(b)
10.	Domicile (Haryana/Other States)	Yes/No
11.	Marital status	Married/Unmarried if married name of spouse _____
12.	Total Income per year (Attached income certificate/Affidavit) if EWS/TFW category	Rs.
13.	Parivar Pechan Patra only for Haryana Residence	: No.
14.	Aadhar Card and PAN Card No.	Aadhar No. _____ PAN No. _____

15.	(a) Permanent Full Address	(b) In Mailing Full Address
	Village	Village
	Tehsil	Tehsil
	District	District
	State	State
	Pin Code	Pin Code
	Mobile No.	Mobile No.
	Email id.	Email id.

#### 16. Education Qualification

Exam Passed	Board/ University	Passing year and month	Roll No.	Name of school Private/Govt.	Marks Obt./ Max. Marks	%age
10 <sup>th</sup>					Total= Obtained=	
12 <sup>th</sup> with Eng/Phy/ Chem/ Math/Bio					Total= Obtained=	

**Declaration:** I hereby solemnly affirm and declare that the admission form has been filled by me in my own handwriting and the information given there in is correct. I further declare that I have not concealed any information. I am eligible for the admission as per rules and regulation of the DTE Haryana, HSBTE & College. If I fail to provide proof of my eligibility my candidature shall stand cancelled and I will have not claim against the DTE Haryana HSBTE & College.

(Guardian Signature)

(Candidate Signature)

#### **ADMISSION COMMITTEE:-**

This is to certify that the document in respect of the above named student has been checked/verified by me and is applicable for admission in Diploma in Pharmacy Course.

Checked by: \_\_\_\_\_

Verified by: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**COUNTERSIGNED BY THE PRINCIPAL**

**JHANKAR COLLEGE OF PHARMACY (AFFILIATED BY HARYANA  
STATE BOARD OF TECHNICAL EDUCATION, PANCHKULA)**

**APPLICATION FOR ADMISSION IN DIPLOMA IN PHARMACY PROGRAMME FOR THE YEAR 2024-2025**

**TO BE FILLED BY THE CANDIDATE**

1. Name of the Applicant .....

2. Mother's Name .....

3. Father's Name .....

4. Date of Birth .....

(As per 10<sup>th</sup> class/S.S.C Certificate)

5. Category (✓ Tick at the appropriate box)

OBC	SC	ST	BC-A	BC-B	GEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recent Passport size  
photographs

6. Gender  Nationality  State of Domicile

7. Aadhaar Card No: \_\_\_\_\_ Parivar Pachan Patra ID No. \_\_\_\_\_  
(Only for Haryana Residence)

8. Total Income per year (Attached income certificate/Affidavit) if EWS/TFW category)

9.	Permanent Address	Corresponding Address
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
	PIN	PIN

11. Contact Number: Parents/Guardian \_\_\_\_\_ Self \_\_\_\_\_

Email ID of the student's \_\_\_\_\_

12. Details of Qualifying Examination Passed

Exam Passed	Exam Passed	Board/University	Name of the Institute/School	Year of passing	Percentage/ CGPA
10 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 <sup>th</sup> passed with Eng/ Phy/Chem/ Math and Bio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: - Passed with theory and practical of all subject**

**Contd.....2/-**

13. Details of enclosures (Self attested certificate/documents) attached with Application Form)

(a)	10 <sup>th</sup> Mark Sheet	(b)	12 <sup>th</sup> Mark Sheet
(c)	Migration Certificate	(d)	Character Certificate
(e)	Aadhaar Card	(f)	Cast Certificate
(g)	Parivar Pachan Patra	(h)	School Leaving certificate
(j)	Domicile	(k)	Passport size of color photographs
(l)	Anti ragging affidavit/declaration by the students and parents	(m)	Gap year affidavit and medical fitness certificate
(n)	Declaration by the students that 10 <sup>th</sup> & 12 <sup>th</sup> class passed by the authentic board	(o)	Affidavit /Declaration by the students regarding no admission in other College/University except Jhankar College of Pharmacy

**DECLARATION OF THE CANDIDATE**

**Declaration:** I hereby solemnly affirm and declare that the admission form has been filled by me in my own handwriting and the information given there in is correct. I further declare that I have not concealed any information. I am eligible for the admission as per rules and regulation of the DTE Haryana, HSBTE & College. If I fail to provide proof of my eligibility my candidature shall stand cancelled and I will have no claim against the DTE Haryana HSBTE & College.

(Guardian Signature)

(Candidate Signature)

Dated:

Dated:

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**FOR OFFICE USE**

**Admission Committee**

This is to certify that documents of the above candidate have been checked/verified by the admission committee and Recommended/Not recommended for admission in BBA/BCA. **Note: - Note: Admission Committee members are fully responsible for any discrepancy in admission of the students if any.**

1. Checked by \_\_\_\_\_ and recommended for admission

2. Verified by \_\_\_\_\_ and recommended for admission

**COUNTERSIGNED BY THE OFFICE SUPDT/HOD/PRINCIPAL**