



Bheemchandra Educational Trust ®
Hillside College of Pharmacy & Research Centre

9, Raghuvanahalli, Gubbalala Cross, Kanakapura Road,
Bangalore-560062, Karnataka, India.

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Email: contact@hillsidepharmacycollege.edu.in

APPLICATION FOR ADMISSION

**Admission to 1st Year B. Pharm / M.Pharm / Pharm D. /
Lateral admission to 2nd Year B. Pharm**

Affix Latest
Passport Size
Photograph

Name of the Student: _____

(In Block Letters)

Sex (Male / Female): _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Occupation of Father: _____ Blood Group: _____

Present Address/Local Guardian Address (with Pin code)	Permanent Address (with Pin code)
Mobile: _____ Email: _____	Mobile: _____ Email: _____

Nationality: _____ Religion/Caste: _____

Whether the candidate belongs to SC/ST or BC/BT: _____

(If yes, enclose certificate)

Whether the candidate is NRI/Foreign national: _____

(If yes, enclose Passport and Visa copies)

Passport Number: _____ Expiry Date: _____

Visa Number: _____ Date of expiry of visa: _____

Academic Particulars of 10+2 / Higher Secondary / B.Pharm / D.Pharm:

Name of the Board/University: _____

Register Number: _____ Month & Year of Passing _____

Qualifying Examination	Subject	Marks Scored & Maximum Marks	Percentage/Grade

Details of education during the past six years along with the school name

Qualifying Examination	School Name	Maximum Marks & Marks Scored	Percentage/Grade

Academic particulars of D. Pharm for lateral admission to II Year B. Pharm / Pharm D.

I Year D. Pharm % of Marks Secured

II Year D. Pharm % of Marks Secured

Total Percentage.....

(Enclose copies of certificate)

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and complete to the best of my knowledge. I hereby undertake to abide by all the rules and regulations in force and those enforced from time to time. I will not do anything unworthy being student of this college either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for lack of interest in studies, misbehaviour or continuous failures. Payment of fees in time is my responsibility and delay of the same will attract penal charges decided by the management.

Place :

Date :

Signature of the Candidate

ATTESTATION BY THE PARENT

I hereby certify that the declaration made above has been duly signed by my ward in my presence.

Place :

Date :

Signature of the Parent

EXTRA CURRICULAR ACTIVITIES (LIST OUT ANY REWARDS/ACHIEVEMENT):

PLEASE TICK THE FACILITIES YOU REQUIRE: HOSTEL / TRANSPORT

OFFICE USE ONLY

Received the certificates:

Signature of the Principal

PAYMENT DETAILS

DD/Cheque (Please Tick the mode of Payment), Amount: _____

(Rupees in words: _____)

Date: _____ Bank: _____ Branch: _____