



# FATHER MULLER COLLEGE OF PHARMACEUTICAL SCIENCES

(A Unit of Father Muller Charitable Institutions)  
University Road, Deralakatte, Mangaluru – 575018  
Affiliated to Rajiv Gandhi University of Health Sciences

Phone: 0824 – 2202430, 9141151955

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## APPLICATION FORM FOR ADMISSION TO B.PHARM COURSE FOR THE YEAR 20 - 20

### Instructions:

1. Fill in the form in your own handwriting
2. Use only **BLOCK LETTERS**
3. Read the Bulletin of Information carefully before filling up the form
4. Incomplete Application forms will be rejected without any prior information

Affix here your  
latest Photograph

### DETAILS OF THE APPLICANT

1. Name of the Applicant : \_\_\_\_\_  
(as in the S.S.L.C/X Std Certificate)
2. Date of Birth : DD / MM / YYYY
3. Age : \_\_\_\_\_ (in years)
4. Gender : \_\_\_\_\_
5. Religion : \_\_\_\_\_
6. Caste : \_\_\_\_\_
7. Category (Please mention your category i.e. General/SC/ST/OBC/others : \_\_\_\_\_
8. Seat Type (mark ✓) : Management/ Government
9. Mother Tongue : \_\_\_\_\_
10. Blood group : \_\_\_\_\_
11. Aadhar No. : \_\_\_\_\_
12. PAN No. : \_\_\_\_\_
13. Applicant's E-mail ID : \_\_\_\_\_
14. Applicant's mobile No. : \_\_\_\_\_
15. Address:  

Present Address	Permanent Address
_____	_____
_____	_____
City : _____	City : _____
District : _____ State: _____	District : _____ State: _____
Pin code : _____	Pin code : _____
Res Ph. No.: _____	Res Ph. No.: _____
16. Indicate if N.R.I (Non Resident Indians) Seat is desired (mark ✓) : Yes / No
17. Hostel Accommodation (mark ✓) : Yes / No

DETAILS OF THE PARENTS

18. Fathers Name : \_\_\_\_\_ Age : \_\_\_\_\_ (in years)  
Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_  
Monthly Income : \_\_\_\_\_  
Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
Email ID : \_\_\_\_\_

19. Mothers Name : \_\_\_\_\_ Age : \_\_\_\_\_ (in years)  
Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_  
Monthly Income : \_\_\_\_\_  
Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
Email ID : \_\_\_\_\_

ACADEMIC RECORD

1. S.S.L.C (X STD)  
Name of the School : \_\_\_\_\_  
Register No. : \_\_\_\_\_ Month & Year of passing : \_\_\_\_\_  
Board : \_\_\_\_\_ No. of Attempts : \_\_\_\_\_

Name of the subject	Maximum marks	Marks obtained
Grand Total		

% mark obtained : \_\_\_\_\_ Class secured : \_\_\_\_\_

2. PUC (XII STD)  
Name of the College : \_\_\_\_\_  
Register No. : \_\_\_\_\_ Month & Year of passing : \_\_\_\_\_  
Board : \_\_\_\_\_ No. of Attempts : \_\_\_\_\_

Name of the subject	Maximum marks	Marks obtained
Physics		
Chemistry		
Mathematics		
Biology		
Other (if not taken mathematics or biology)		
Grand Total		

% mark obtained : \_\_\_\_\_ Class secured : \_\_\_\_\_

3. **Details of the Enclosed Certificate :**

Please tick (✓) which is applicable.

- |   |     |
|---|-----|
| 1. Secondary School (S.S.L.C) Marks Sheet                             | ( ) |
| 2. Senior School (P.U.C/+2 Class) Marks Sheet                         | ( ) |
| 3. Transfer Certificate from the Head of the Institution last studied | ( ) |
| 4. Conduct Certificate from the Head of the Institution last attended | ( ) |
| 5. Migration Certificate (Non Karnataka students only)                | ( ) |
| 6. Copy of the Aadhar Card  | ( ) |
| 7. Six (6) Passport size photographs                                  | ( ) |

**Note :**

- Mention the **total number of enclosed certificates/ documents** relating to above ( )
- All the certificates should bear the same name, as per **S.S.L.C/X Std certificate**
- All the Copies of Certificate and Testimonials are to be attested by a **Gazetted Officer/ Head Master or Principal.**
- Application accompanied by the above mentioned certificate only will be considered

**CO-CURRICULAR ACTIVITIES**

Indicate prize won / represented the School / College / University. Attach supporting documents/certificates.

Name of the activity : \_\_\_\_\_ Document attached (mark ✓) : Yes/No

**UNDERTAKING**

1. I ..... hereby solemnly affirm that the statements made and the information furnished in my son's/ daughter's / wards application form and also in the enclosures thereto submitted by him/her are true.
2. I have read the Prospectus and I am aware of rules and regulations of the College and agree to abide by the said rules and regulations including code of conduct.
3. I am aware that the Admissions made are provisional and subject to the approval by the Rajiv Gandhi University of Health Sciences and Apex Body/NCH.

Signature of Parent/ Guardian

Signature of the Applicant

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

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