

Educational Qualification

Examination Passed	Name of Examination & Name of Institution	Subject	Division	%age of Marks	Year
High School					
10 + 2					
Any Other					

(Please Attach attested copies of Mark Sheets for each examination cited above)

DECLARATION BY THE APPLICANT

I hereby declare that all the information furnished by me in the application form are true the best of my knowledge and belief. I am aware that I will be debarred from taking admission in the Rajarshi Rananjay Sinh College of Pharmacy, if any of the entries made by me are found to be incorrect.

I have carefully read all the instructions and details given in the information Brochure and hereby undertake to abide by them.

Date :

Place :

Full Signature of Candidate

DECLARATION BY THE PARENT / GUARDIAN

I _____ hereby certify that the particulars hereby stated in this application form by my son/daughter/ward Mr./Ms. _____ are correct to the best of my knowledge. I hereby give an undertaking that I shall be responsible for his/her conduct during the stay in the college. Further I shall pay regularly all his/her dues to the Institute during his entire course of study.

Date :

Place :

Full Signature of Parent / Guardian