



ALARD CHARITABLE TRUST'S  
**ALARD COLLEGE OF PHARMACY**

Approved by AICTE, Affiliated to the University of Pune, Recognised by DTE (Govt. of Maharashtra)

**City Office :**

243, Clover Centre, D' Wing, 2nd Floor,  
7, Moledina Road, Pune - 411 001.  
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Mobile No.: 9822437729, Fax : 020-26121506  
E-mail : info@alardinstitutes.org /  
alardinstitutes@hotmail.com  
Website : www.alardinstitutes.org

**Campus :**

S. No. 50, Marunje, Near Rajiv Gandhi Infotech Park,  
Hinjewadi, Pune - 411 057.  
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Email : info@alardinstitutes.org

Sr. No. \_\_\_\_\_

**APPLICATION FOR ADMISSION (Bachelor in Pharmacy)**

Within University of Pune \_\_\_\_\_ Within Maharashtra \_\_\_\_\_ Out of Maharashtra \_\_\_\_\_

**For Office Use Only**

Registration Fee \_\_\_\_\_ Receipt No. & Date \_\_\_\_\_

Written Test Roll No. \_\_\_\_\_ Final Roll No. \_\_\_\_\_

To,  
**The Principal,  
ACP, Pune**

Sir,

I request admission to B. Pharmacy for the academic year \_\_\_\_\_ for F.Y. / S.Y. / T.Y. / Final  
Year for which I hereby remit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
\_\_\_\_\_ as Registration Fee in Cash / Crossed Demand Draft. My personal details are given below:

I understand that if admitted, my admission will be confirmed only on production of the Transfer Certificate  
from my previous College/Educational Institution or the Eligibility Certificate from the University as the case may be.

**PERSONAL INFORMATION**

Name in full \_\_\_\_\_  
(Surname) (First Name) (Father's/Husband's Name)

Address \_\_\_\_\_

Address (Local) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Blood Group \_\_\_\_\_

Date of Birth (in words) \_\_\_\_\_ (In Figures) \_\_\_\_\_

Age in complete years (As on 1st July 2008) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_

Father's/Husband's Designation and Office address \_\_\_\_\_

State whether you belong to SC, ST, DT, NT, OBC, OPEN CATEGORY \_\_\_\_\_

## EDUCATIONAL DETAILS

(Mention all Board / University Examinations that you have passed beginning from SSC / HSC)

Exam Passed	University or Board	Year of Passing	Percentage of Marks	Special or Optional Subject	Name of the College / Institute

Nationality. \_\_\_\_\_ If a Foreign National indicate

Passport No. \_\_\_\_\_ Student Visa No. \_\_\_\_\_

## LANGUAGES KNOWN

Sr. No.	Languages	Can Speak	Can Write	Can Read

## UNDERTAKING

1. I hereby submit, to the disciplinary jurisdiction of the Vice Chancellor and the other officers and authorities of the University / and the director and the authorities of the Institute and shall observe and abide by the rules made by the Vice Chancellor in that behalf and also made by the Head of the Institute.
2. I have carefully noted the rules and process of admission as given in the prospectus which I am required to follow and shall in matters of interception accept the decision, given by the Director in this respect is final and binding.
3. I shall attend minimum 75% lectures for each course as per the rules failing which I shall not approach the Director for any concession on this respects and shall be liable to be debarred from appearing for the Examination.
4. I have also read, understood and accepted the code of conduct and notifications displayed on the General Notice Board of the Institute and shall take note of all the communications put on the Notice Board from time to time.

Signature of the Candidate