

SAI EDUCATIONAL TRUST (R)

SAI INSTITUTE OF ALLIED SCIENCES & PHARMACEUTICALS

Recognized by Govt. of Karnataka, Health & Family Welfare Deptt., Drug Control Board, Board of Examining Authority for D.Pharmacy, Approved by PCI-New Delhi
B.M Road, Kunnirkatte, Channapatna, Ramanagaram Dist, Karnataka - 562 160 Mobile : 09740573152, 07975283104

Application No. _____

APPLICATION FORM FOR ADMISSION TO D-PHARMACY

To be filled in by the Candidates in his/her own handwriting, incomplete form shall not be entertained

Note: Please fill this Form in BLOCK Letters

Name (in Block Letters) _____

Parentage _____

Age _____ Date of Birth _____

In Words _____

Category _____

Gender _____ Occupation (Parent's/Guardian's) _____

Religion _____

Present Address _____

Permanent Address _____

Pin _____ Must Add. Your Recent Mob.No.: _____

Land Line No. _____ Alternate No. _____



QUALIFICATION

Class	Name of School	Name of Board	Year of Passing	Total Marks	Percentage

STUDENT DECLARATION

I solemnly affirm that the above particulars submitted by me are correct to the best of my knowledge and belief and on the basis of the above particulars I am eligible for admission. All disputes are subjected to Civil Jurisdiction Channapatna, Ramanagaram, Karnataka only.

I further declare that I have studied the booklet thoroughly and understood all the terms and conditions and information supplied in the booklet and declare to abide by them along with changes, if any. I have inquired well about approval and I am fully satisfied with the validity and facilities provided by the Institution to the aspirants in beginning & in near future by the Institution and I will not claim anything/matter as any right after getting Registration / Admission in the Institution. That I will also declare I will be regular in the classes and while pursuing the course I will not join in any kind of government/private job.

Parent/ Guardian's Signature

Candidate's Signature