

**SHRI KRISHNA GOVT AYURVEDIC COLLEGE & HOSPITAL,
KURUKSHETRA**

**Application for the Admission of Diploma in Ayurvedic Pharmacy for the session
2020-21**

(Incomplete and late application forms will not be considered for admission)

IMPORTANT NOTES:

1. All candidates should read carefully the condition of eligibility for admission, reservation of seats, Schedule & process of admission mentioned in the prospectus before filling the various columns of the application form.
2. Attested copies of the documents must be attached with the application form.

Receipt No _____ **Date of Receipt** _____

To be filled by the candidate:

1. **Full Name (in block letters)** _____

2. **Father's Name (in block letters)** _____
(with mobile number)

3. **Mother's Name (in block letters)** _____

4. **Nationality** _____

5. **Date of Birth** _____

6. **Gender** : Male Female Transgender

7. **Marital Status** : Married Unmarried

8. **Email Address** _____

9. **Aadhar No.** _____

10. **Category (Please tick)**

- | | | | |
|------------|--------------------------|---------|--------------------------|
| a. General | <input type="checkbox"/> | e. PH | <input type="checkbox"/> |
| b. BC-A | <input type="checkbox"/> | f. ESM | <input type="checkbox"/> |
| c. BC-B | <input type="checkbox"/> | g. F.F. | <input type="checkbox"/> |
| d. SC | <input type="checkbox"/> | h. EWS | <input type="checkbox"/> |

11. Do You belong to Haryana State _____

12. Address for correspondence _____

13. Permanent Address with mobile No. _____

Candidate Mob No _____ Parent/ Guardian Mob No. _____

14. Father's/Guardian's Profession & Annual Income _____

Space for
affixing recent
Photograph
(self-attested)

15. Details of Academic Qualification

Sr No.	Exam Passed	Name of School	Name of Board / University	Year of Passing	Roll No.	Subject	Marks Obtained / Total Marks	% of total marks obtained
1.	10 th							
2.	10+1							
3.	10+2							
4.								

16 Details of Marks in 10+2 Examination

Physics _____ **Chemistry** _____ **Biology** _____

Total % of 10+2 _____ **PCB %** _____

17. Have you ever been disqualified from appearing in examination at College, School level, if yes, give details _____

18. Give the details, if you have achieved any distinction in sports/ cultural activities _____

19. List of Documents attached :

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Total no. of Documents attached _____

Dated

Signature of the Applicant

Undertaking

- a) I _____(candidate)
son/daughter of _____
and resident of village/town/city of _____
Tehsil _____ Distt. _____
of _____(State) do hereby solemnly declare that
the
information given in the application form is absolutely correct and true to
the best of my knowledge and I have not hidden any relevant
information.
- b) I undertake to abide by all the rules and regulations of the
University/College and hostel and will not take part in any agitation or
strike, failing which my name may straight away be struck off the college
rolls.
- c) I undertake that I will not join any service during the period I will be on
rolls for Diploma in Ayurvedic Pharmacy course only.
- e) If any time subsequent to my admission, it is discovered that any
information given in the application form or in the attached
certificate/documents produced is false. I may be removed from
college/university and all dues paid by me may be forfeited. The
authorities may also take further action against me or my
father/guardian as the case may be as they may deem fit.
- f) That I have read the relevant instructions/regulations against ragging, as well
as punishment. I will comply the instructions/regulations and in case I found
guilty at any stage, disciplinary action may be taken against me.

Dated

Signature of the Applicant