



# APEX PARAMEDICAL INSTITUTE - APEX INSTITUTE OF PHARMACY

(Run by Apex Welcare Turst)

Rs. 500/-

Approved by All India Council of Technical Education (AICTE) & Pharmacy Council of India (PCI), New Delhi and Affiliated to U.P. Board of Technical Education (BTE), Lucknow & Dr. APJ Abdul Kalam Technical University, Lucknow.

**NH-07, Varanasi-Mirzapur Road, Samaspur, Chunar, Mirzapur (U.P.)**

Sr. No.

For Office Use ( Sr. No.                      Date                      )  
Intimation No. :  
Date of Counselling :  
Course Title :

**D. Phrm College Code :826 (BTE)**  
**B. Pharm College Code : 904 (AKTU)**

Photograph

## **APPLICATION FORM**

*To be filled by the candidate's own handwriting*

1. Name of the Candidate : \_\_\_\_\_  
(IN BLOCK LETTERS)
2. Course applied for : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_  
(As recorded in HSC Certificate)
4. Nationality : \_\_\_\_\_
5. Sex : M / F
6. Cast : Gen / OBC / SC / ST
7. Domicile : U. P. State / Other State
8. Marital Status : Married / Unmarried
9. Father's Name : \_\_\_\_\_ Mother's Name : \_\_\_\_\_
10. Father's Occupation : \_\_\_\_\_ Mother's Occupation : \_\_\_\_\_
11. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_  
: Mob. No. (Student) \_\_\_\_\_ Mob. No. (Father) \_\_\_\_\_  
: Tel. No. (R) \_\_\_\_\_  
: E-mail : \_\_\_\_\_
12. Adhar No. : \_\_\_\_\_
13. Bank Account Details : Name of A/c holder \_\_\_\_\_  
Bank's Name \_\_\_\_\_ A/c No. \_\_\_\_\_  
(For Correspondence) Branch Name \_\_\_\_\_ IFSC Code \_\_\_\_\_
14. Present Address : \_\_\_\_\_  
: \_\_\_\_\_  
STD Code \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Tel. No. (R) \_\_\_\_\_ Mob. \_\_\_\_\_  
E-mail : \_\_\_\_\_
15. (i) Name of the Entrance Exam : \_\_\_\_\_ Date of Exam : \_\_\_\_\_  
(ii) Roll No. : \_\_\_\_\_ DOB : \_\_\_\_\_  
(iii) Marks obtained : \_\_\_\_\_ Rank : \_\_\_\_\_

**16. ACADEMIC DETAILS :-**

Name of the Examination	Name of the School or College	Name of the Board Council University	Total Marks Obtained/ Total Marks	Total Percentage Obtained	PCB Percentage	Division
(1) High School						
(2) Intermediate						
(3)						
(4)						
(5)						

**17. Documents and Certificate to be enclosed :**

- |  |   |
|--|---|
| (a) 10th. Marksheet and Certificate        | (f) Caste Certificate (If applicable)     |
| (b) 10+2 (12th.) Marksheet and Certificate | (g) Gap Certificate (If applicable)       |
| (c) Passport Size Photograph (04 No.)      | (h) Income Certificate (If applicable)    |
| (d) School Leaving Certificate (CLC / TC)  | (i) Aadhar Card.                          |
| (e) Domicile Certificate (If Applicable)   | (j) Result / Admit Card of Entrance Exam. |

I certify that all informations furnished by me in this application are true. I understand that if I am found to have furnished any false informations or with held or concealed information to get advantage, my application shall be rejected, selection and / or admission cancelled and such other action is deemed legally justified may be taken against me.

I certify that I do not suffer from mental disease and not subject to drug addiction.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

I also declare that if I get admitted I shall abide by all rules and regulation of the Institute/BTE/AICTE/PCI/AKTU imposed from time to time.

I understand that filling and submitting this admission form, is not guarantee of my admission in this Institute.

All admissions in to Apex Institute of Pharmacy, Chunar, Mirzapur are done through the Entrance Exam board counseling process as per the guidelines of Uttar Pradesh Government.

Signature of Applicant :

Date :

Place :

Signature of Guardian :

Date :

Place :

(Right Hand Thumb Impression of Student)

**UNDERTAKING**

I.....S/o / D/o / W/o .....Age.....  
At/Po ..... Distt..... do hereby undertake that  
I have total course fee payable in Rs.....(Rs. in words.....)  
which will be paid per annum instalment / semester wise. Presently I am paying Rs .....  
(Rs.in words.....) towards course fee of D. Pharm /  
B. Pharm 1st. Year. The subsequent instalments will be paid as per the following term periods in the form of RTGS / D.D.  
drawn in favour of Apex Institute of Pharmacy payable at Chunar, Mirzapur.

I further undertake that if the instalment due is not paid in proper time as specified. The management may impose  
late fine as decided from time to time. If the dues are till not realized I have no objection if my studentship is rejected or any  
action taken thereof. Further I undertake & declare that if the course is discontinued by me for any reason, I will pay the total  
amount of course fee ( 2 year course fee for D. Pharm / 4 year course fee for B. Pharm) as mentioned above.

Date	Amount	D.D. No. & Date	Receipt No. & Date

Documents not submitted at the time of admission

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signature of the Student

Date :

Place :

Signature of Guardian :

Date :

Place :

Signature of Admission In-charge with Date