

VIJAY LAXMI COLLEGE OF PHARMACY

Jalhupur, Amba Road, Varanasi- 221104

E-mail: vlcpharmacy2018@gmail.com website:www.vlcpharmacy.co.in

Form No. :

D. Pharma

Photograph

To,
Director/Principal
Vijay Laxmi College of Pharmacy
Varanasi

Signature

Dear Sir/Madam

1- Name of Applicant (Block Letters)

2- Address of Correspondence

Permanent Address

3- Father's / Husband's Name Occupation

Mob. No..... Mob. No.....

4- Mother's Name Occupation

5- Date of Birth 6- Religion & Caste

Sub Cast Category Gender.....

7- Educational Qualification

Examination Passed	Board/University	Year	Division	Aggregate %	Subject
High School					
Intermediate					
Others					

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1- Name of Applicant

2- Father's Husbands Name

3- DOB..... Mob.

4- Address.....

5- Deposited Admission Fee Rs.(in words).....

I here by solemnly affirm & declare that :

1. The entries in this form and the particulars, in reply to the question above are, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the admission, my admission or degree may be cancelled or with held by the Director of Vijay Laxmi college of Pharmacy.
2. I am mentally and physically fit and do not suffer from any physical deformity or any communicable disease.
3. I am willing to serve in any department of the institue/Hospital/Urban or Rural area at any time during my theory and practical training/classes/period of field practice at my own expenses.
4. I will neither use any intoxicants stimulants drink & drugs of dangerous nature, smoke or consume barbiturates etc. in hostel & Institute premises/ campus.
5. I do hereby agree to pay the cost of damages caused by me to the movable and immovable property of the Institute or any department concerned due negligence of duties/work.
6. I will not keep myself absent from the classes without obtaining due & prior permission from the Principal/Director and assure to obtain 75% attandance in classes (The oretical and Practical) & 80% attendance in clinicals.
7. I have noted that the fees once paid by me is neither refundable nor adjustable in any circumstances. The Vijay Laxmi college of Pharmacy will not be responsible of any changes for reimbursement of my fees. I hereby agree that in case of any dispute between me and the Institute. The decision of the institute will be final in all respect.
8. I shall not take part in the political activites and student's Union/Association/Action Committe etc of the same Institute or any other Institution.
9. I have never been convicted by the Court of law.
- 10-. I will not take part either directly in any activity or ragging of the new students.

Signature of the Gaurdian/Parent

Signature of Applicant

Undertaking

1. I hereby agree to abide by rules and Regulation/Terms and condition of the Vijay Laxmi college of Pharmacy as mentioned in the prospectus. I have obtained consent of my parents/gaurdian to join this course and have noted that fees, once paid is neither refundable not adjustable in any circumstances.
2. I am aware that the Institute does not guarantee or assure employment in Central or State Govt. or Semi Govt or Autonomous Bodies, Private or Voluntary Section in any part of the country.
3. I shall obey the instruction issued by the University and U.P State Medical Faculty Lucknow.
4. In case of any dispute the jurisdiction of legal proceedings will be Varanasi only.
5. I shall not use any type of intoxicants/drugs in the premises of the Hostel or Institute and assure to maintain high standard of character, behavior and hygiene during my training period.

Your Faithfully

Enclosures:

1.....

2.....

Place :

Date :

Instruction

- 1- Students should maintain discipline in the College Campus.
- 2- Students are not permitted to Entertain Visitors during college time.
- 3- Student should follow the management instructions issued from time to time.
- 4- Fees once deposited cannot be refunded at any circumstance.
- 5- Ragging is strictly prohibited in college campus.