DECLARATION BY THE APPLICANT

I hereby solemnly and sincerely declare that the statement made and the information furnished are true to the best of my knowledge. In case any of the above information found to be incorrect or false, I shall fore felt the claim for M. Pharm seat in this college. I realized that am liable for such civil or criminal action as the college may take against me in this behalf.

Signature of the applicant

Date:

Place: Signature of Father / Guardian

APPENDIX I

DEPUTATION CERTIFICATE

Certified that the candidate is an employee of this institution and working as ..... He has serve the institution for ..... years as per agreement entered into by him

Signature.

Date:

Place: Designation.

(For office use only)

Mr. / Miss / Mrs. ..... son / daughter

of Mr..... is selected for admission to

M. Pharm (Previous) ..... Descipline for the academic

year .....

Admission fee paid vide Receipt No..... Dated.....

Account / Cashier

Admission No.....

Principal
S.C.S. College of Pharmacy.