

RAAFIAH COLLEGE OF PHARMACY

(Affiliated to AICTE/PCI/BTEUP)

Sahaswan, Bisoli Road near Daak Banglow

Sahaswan-Budaun (UP) 243638

Mob- 9999098111,

Email ID: raafiahcollege@gmail.com

ADMISSION FORM 2023-24

D.Pharma _____ Year

Name of the Student _____

Father's Name _____

Mobile No _____

Email ID _____

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ADMISSION FORM 2023-24

Photo
Signature↓

Seeking Admission for **D.Pharma _____** Year

Entrance Exam Roll No _____

Entrance Exam Reg No _____

Entrance Exam Result _____

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1	Category Code		2 - Religion Code				
2	SURNAME						
	FIRST NAME						
	MIDDLE NAME						
3	DATE OF BIRTH		Day		Month		Year
4	GENDER						
5	ADDRESS						
	VILLAGE						
	POST						
	CITY						
	DISTRICT						
	STATE				PIN		
	E-mail				Mob		
6	AADHAR NO.						
7	LOCAL GUARDIAN NAME AND ADDRESS WITH MOBILE NO (if Student is from other District or State)						

8	DETAILS OF ACADEMICS						
	EXAM	BOARD	YEAR	SUBJECTS	M.OBT	MAX.M	DIV
	HIGH SCHOOL						
	INTER			Total Marks			
				CHEMISTRY			
				PHYSICS			
				BIOLOGY			
				ENGLISH			
Attach readable photo copy of all academic Documents							

DECLARATION

- I..... hereby declare that all statements made in the above application are correct.
- I understand that my ward may be expelled from the College if the information given I am prepared to pay the required fees of the College regularly.
- I shall be responsible for the conduct of my ward in the College

Signature of Parents

Signature of Student

FOR OFFICE USE ONLY

Date	Admission Round
Application No	Name
Admitted to	DPHARMA_____Year
Document in Original for verification	Documents in Submitted with Application
1- High School Mark sheet <input type="checkbox"/> 2- High School Certificate <input type="checkbox"/> 3- Intermediate Mark sheet <input type="checkbox"/> 4- Intermediate Certificate <input type="checkbox"/> 5- Transfer Certificate(TC) <input type="checkbox"/> 6- Domicile Certificate <input type="checkbox"/> 7- Caste Certificate* <input type="checkbox"/> 8- Handicap Certificate* <input type="checkbox"/>	1- High School Mark sheet p/c <input type="checkbox"/> 2- High School Certificate p/c <input type="checkbox"/> 3- Intermediate Mark sheet p/c <input type="checkbox"/> 3- Intermediate Certificate p/c <input type="checkbox"/> 5- Transfer Certificate(TC) Original <input type="checkbox"/> 4- Domicile Certificate p/c <input type="checkbox"/> 7- Caste Certificate* p/c <input type="checkbox"/> 8- Handicap Certificate* p/c <input type="checkbox"/> 9- Photographs(4.5cmx3cm)-10 <input type="checkbox"/> 10- Photographs(stamp size)-5 <input type="checkbox"/>
Note- *if applicable	
FEES Payment Details	Installment First _____
By Cheque/DD/Cash/RTGS/NEFT	Second _____
Tr. No-_____	Third _____

Sig. Accountant/Clerk

Sig. Principal/Director

ACKNOWLEDGEMENT SLIP

(Student Receiving)

Received application form for admission for D.Pharma
First/Second Year for the academic Year 2020-2120 from Mr. _____
_____ S/o _____ Residence of

Documents enclosed with application

- | | |
|---------------------------------------|--------------------------|
| 1- High School Mark sheet p/c | <input type="checkbox"/> |
| 2- High School Certificate p/c | <input type="checkbox"/> |
| 3- Intermediate Mark sheet p/c | <input type="checkbox"/> |
| 4- Intermediate Certificate p/c | <input type="checkbox"/> |
| 5- Transfer Certificate (TC) Original | <input type="checkbox"/> |
| 6- Domicile Certificate p/c | <input type="checkbox"/> |
| 7- Caste Certificate* p/c | <input type="checkbox"/> |
| 8- Handicap Certificate* p/c | <input type="checkbox"/> |
| 9- Photographs(4.5cmx3cm)-10 | <input type="checkbox"/> |
| 10- Photographs (stamp size)-5 | <input type="checkbox"/> |

FEES PAID DETAILS

Date _____

Office Seal &
Signature of
Receiving Clerk

Note- Student Should Fill all details and office clerk should check it very carefully and after verification if find correct signed it and handed over to student for his record.

UNDERTAKING BY THE APPLICANT

- I.....hereby declare that I have carefully gone through all the details in the Prospectus and if selected for admission to Raafiah College of Pharmacy. I undertake to abide by the Rules & Regulations of the college including the amendments therein from time to time. I, the undersigned hereby certify that the information given above is accurate / correct and I am aware that providing incorrect and I am aware that incorrect information may result in the cancellation of my admission / continuance in the college at any time, ever after admission, at my cost, risk and responsibility.
- I also hereby submit myself to the disciplinary jurisdiction of the Vice-Chancellor and other authorities of the college.
- I also hereby undertake to deposit all the college dues including fees in time and in case of default and also agree to pay late fee/fine as per college rules. I am fully aware that in case of non-compliance the admission would be cancelled at any stage.
- I also hereby commit not to indulge in using unfair means in examination and or any act of vandalism and or damage of college property. In case of such an act(s), I am liable to be punished / expelled from the college as per the college rules.

Signature of Parent/ Guardian	Signature of Applicant
Name _____	Name _____
Date _____	Date _____
Place _____	Place _____

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that I shall be responsible for all the activities of my ward and shall comply with all the responsibilities arising out of his/her non-compliance of rules and regulations of institute. I also undertake that I shall not claim any refund of fees once paid, in whatsoever situation by way of cancellation of admission because of eligibility, withdrawal, expulsion or detention from appearing in examination.

Signature of Parent/Guardian

Date _____

AFFIDAVIT BY THE STUDENT
on Rs 10/- Notary Stamp Paper

I, _____ (full name of student with Institute Roll Number) , S/o, D/o- Mr. / Mrs./Ms. _____

_____ having been admitted to **RAAFIAH COLLEGE OF PHARMACY, SAHSAWAN, BUDAUN UTTAR PRADESH**, have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009,(hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

- 1- I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2- I have also, in particular perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found abetting ragging, actively or passively or being part of a conspiracy to promote ragging.
- 3- I hereby solemnly aver and undertake that
 - a. I will not indulge in nay behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4- I hereby affirm that, if found guilty of ragging , I am liable for punishment according to clause 9.1 of the Regulations without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5- I hereby declare that I, have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging: and further affirm that, in case the declaration is found untrue, I am aware that my admission is liable to be cancelled.
- 6- Along with the above mentioned points I do hereby declare that
 - a. I will obey the code of conduct of the Institute and do not indulge in any kind of in-disciplinary activity wile in and off the institution campus.
 - b. I will be solely responsible for any kind of accident. Mishap caused on account of the above mentioned clause (6.a).

Declared this _____ days of _____ month of _____ year.

Signature of deponent
Name

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at _____(Place) Date_____. Solemnly affirmed and signed in my presence on this the _____(day) of _____ month _____(year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

Welcome message.....

Dear Students:

I, Md. Habibur Rahaman (Chairman) want's to welcome each of you on behalf of Raafiah College of Pharmacy which is approved by All India Council for Technical Education (AICTE) New Delhi, Pharmacy Council of India (PCI) New Delhi and Board of Technical Education Uttar Pradesh (BTEUP), Lucknow. You are about to begin one of the most exciting times in your life, and everyone in our Campus feels happy to help you. It is a great opportunity to be a part of Raafiah College of Pharmacy such a repudiated Pharmacy College of Uttar Pradesh State.

We are committed to helping all students be successful at the University and we are counting on you to play an active part. The Directorate of Students Support Services oversees and coordinates the Chaplaincy, Sports and Co-curricular activities, Students Accommodation and Catering, Student Clubs and Associations, Student Union, Placement Cell, Counseling Services and many other areas of student life. We are therefore confident that each member of the our college will contribute to your physical, emotional, intellectual and social development on campus.

Please have a look at our website and take full advantage of our office to know more about the services that we offer which will definitely contribute to your success. Moreover, do not hesitate to contact us in case you are in doubt about anything or should you be seeking any assistance.

You often hear that this is a special place, and it is! Its depth of character, traditions, diversity, commitment to academic excellence, as well as its beautiful natural surroundings contribute to making our campus such an exemplary academic environment. We want you to enjoy the campus and take full advantage of everything campus has to offer and, in doing so, we encourage you to take appropriate personal and collective precautions when living, learning, working, and playing here.

We take your safety very seriously and we want you to do the same. Your safety is, and always will be, our department's greatest concern. We want you to know that we are always available to you, and we encourage you to contact us for any reason at any time. We have a multimodal system of communications comprised of an outdoor siren and audible speakers, mass

email, cell phone (voice and/or text), telephone, and desktop alerts. A well-equipped First Aid facility with Appointed Doctor is available for your wellness.

All first year students enrolling are required to attend the Student Orientation. The full schedule will be available during orientation. You will find highlights of each orientation day below:

- Learn how to navigate around campus*
- Learn more about activities and sports available on campus*
- Receive your course schedule*
- Students Accommodation*
- Students ID*
- Safety & Security*
- College Health Services*

Dear Parents, On behalf of the staff I am happy to welcome your child to the college! We are looking forward to a productive partnership with you to ensure our children can achieve their highest potential. We recognize that in order to be successful in college, our children need support from both the home and college. We know a strong partnership with you will make a great difference in your child's education. As partners, we share the responsibility for our children's success and want you to know that we will do our very best to carry out our responsibilities.

Again, welcome to Raafiah College of Pharmacy and we look forward to you having a safe and wonderful Campus Experience! Feel proud to be a part of our college.

*Md. Habibur Rahaman
Chairman*