

# RANCHI COLLEGE OF TECHNOLOGY & RESEARCH CENTRE

AT+PO- PANCHA, PS-ORMANJHI, DIST- RANCHI (JHARKHAND)  
Approved By Pharmacy Council Of India, New Delhi



**RCTRC**

## APPLICATION FOR ADMISSION FORM

**For Office Use Only**

**Form No**

**Duration**

2 Years Courses

**Course :**

D. PHARMA

**Candidate's Use**

**Enclosures :**

- A. One Passport Si4ze Photograph.**
- B. Xerox Copy of Matric & I. Sc**

Photo

One Photo  
Affix here

1. Candidate's Name .....  
(IN BLOCK LETTERS)
2. Father's/Guardian's /Husband's Name .....
3. Mother's Name .....  
Ph. .... Code ..... And Occupation .....
4. Date of Birth ..... Adhar No.....
5. Admission Date ..... Admission No .....
6. Address :i) Present/Correspondence (With Contact Telephone No.).....  
.....  
..... Ph No .....Code .....
- ii) Permanent (With Contact Contact No.) .....  
.....  
..... Ph No .....Code .....
7. Educational Qualification

Year of Passing	Examination Passed with Name of Board/Council	Name of School/College	Subject	Percentage of Marks

8. Any other qualification/training in obtained (Write if short).....  
.....  
.....

9. Marital Status      Married       Unmarried

10. Nationality .....

11. Religion .....

12. Community

ST / SC / OBC / GENERAL
Put Tick Marks ( ) Which applies

Attach Certificate if you come in ST / SC / OBC Category

13. Language Known      A) Hindi       B) English       C) Local Language

14. Why you selecting the above course .....

### Announcement Letter

I----- Father/Husband Mr. -----  
--- village ----- P.O. ----- Police-----  
--district ----- State; -----

1.I voluntarily and after consultation with the parents, Ranchi College of Technology and Research Center, Village + Po. Pancha, Yana Ormanjhi, District-Ranchi (Jharkhand) to get information about the recognition and recognition of the course and in all respects. Enrolling in D Pharma (D Pharma) course in the presence of the guardian after being satisfied

2.I will not refund the study fee / enrollment fee under any circumstances, as we will have the right to take the study fee for the whole session as a penalty. If I or my

guardian pressurize us to refund the fees, the college / institution will have the right to take legal action on us.

3.If any kind of damage is caused to us, then I or my guardian will pay for it or I will bring the same.

4.According to the rules of Pharma Council of India, New Delhi, due to lack of attendance in class/practical, you will be debarred from filling the final examination form.

5. All the educational certificates I have submitted are true. If found to be false in any way, the responsibility will be mine/my.

6. I will follow the rules of the college. I will not consume any kind of tobacco, gutka, alcohol, etc., nor will I act irresponsibly. By doing this I know that I may be expelled from the college forever or may be transferred from the regular session to the next session or may be given any appropriate punishment. If there is any kind of accident while doing practical, then there will be no accountability of the teachers / directors / principals / employees of the college etc.

7.I will deposit the college fees on time, if the fees are not deposited on time, it will be my / my responsibility if our session proceeds, picnic / special training etc. program by the institution in Ranchi or outside. In this, I will participate only on my own responsibility and with the consent of my parents.

8. This institute is affiliated to Pharmay Council of India (PCI) NEW DELIII.

9. Any kind of legal hearing area of the institution will be in Ranchi (Jharkhand) only. I have read, understood and signed this declaration in the presence of my father/mother/husband/guardian in perfect health condition without any pressure.

place:

Date:

Enclosure:

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Full Signature of the student

Date:-----

Relation,