

AL-RAZIQ COLLEGE OF PHARMACY, SARGODHA



APPLICATION FORM

PHARM-D

Picture
Passport size

Form No.,.....

Personal Details:

1. Name of Candidate (in Block Letters)

2. Gender Male Female Religion.....

3. Father's Name

4. Date of Birth Domicile

5. Nationality (according to passport) Passport No. (optional).....

6. CNIC No:

7. Applicant's contact No. E-mail ID

8. Academic Record

Examination	Year of Passing	Total Marks	Obtained Marks	% age	Board
Matriculation/O-Levels					
F.Sc. / A-Level					
Any Other					

NOTE: (Candidates who hold qualification other than F.Sc and Matriculation will have to provide equivalence certificate from the Inter Board Committee of Chairmen)

9. Current Residential Address:

10. Permanent Address:

11. Father's Name: Occupation

Educational Qualification Phone No.

Phone Home Office Email

Father's annual income (PKR) Filer/Non-Filer

12. Guardian's detail in case if father is deceased

Name:..... Relationship:..... Phone No:

Occupation:Guardian's annual Income (PKR)

13. Number of Siblings: Brother: Sister:

14. Contact in case of emergency Name:..... Relation:.....

Postal Address:

..... Contact No:.....

15. Have you ever been admitted to any undergraduate program previously? Yes No

16. Are you disable? Yes No

17. Any associated medical condition? Yes No

18. Hostel accommodation required? Yes No

19. Declaration:

I, Mr./Ms..... Son/Daughter of

An applicant for admission to Al-Raziq College of Pharmacy Sargodha declares that the above information provided by me is correct. I have obtained and understood the terms and conditions of admission procedure and agree to abide by the rules and regulations of institute currently stated as well as modification of these rules and regulations from time to time by the authorities. I understand that financial resources needed to support my studies at Al-Raziq College of Pharmacy, Sargodha for the entire course of study. I hereby assure that all dues will be paid by the due date according to payment schedule of the college hostel & cafeteria as the case may be; charges may increase every year in accordance with the inflation and as per college policy.

I fully understand that the refund of any dues paid will be according to the college refund policy. I will not object to any additional charges levied by the government, University or the college during my course of study. I will clear all my dues including tuition fee hostel dues & extra (Library, cafeteria, transport) as the case may be before submission of professional exams application form every year.

Applicant's Signature.....

Father/Guardian's Signature

Date.....

Date

20. Check List: Please Attach following documents with application form: (Total 5 set of documents)

1. CNIC/B-form/ Passport copy
2. Latest passport size photos
3. Matriculation certificate/ Equivalent
4. F.Sc. certificate/ Equivalent
5. Domicile
6. Original Matric/ F.Sc. Certificate OR Equivalent

For Office Use Only

Admission: Approved

Not Approved

Principal.....