AN UNIT OF GITANJALI GROUP OF INSTITUTIONS

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Natural College of Pharmacy

AffiliatedtoS.M.F.W.B.andApprovedbyPCI

Enrolment No:

PRECAUTIONS

While filling out this admission form, ensure that all details are entered accurately and legibly, preferably in block letters to avoid errors. Personal, academic, and financial information must be truthful, as any discrepancy may lead to disqualification. All required documents, including self-attested copies, should be attached; incomplete applications will not be considered.
Carefully review the payment section, ensuring that the fee structure, installment plan, and Student Credit Card option, if chosen, are correctly filled. Contact details, including the mobile number and email ID, should be double- checked for accuracy, as these will be used for admission-related communication. The applicant and guardian must sign the declaration before submission.

Session: **Date:**

PERSONAL INFORMATION

Full Name :

Gender : Male Female

Present Address (including P.O. & P.S.) :

Permanent Address (if different from above) :

Aadhar No. **Date of Birth :** / /

Student's Contact no. : **Student's WhatsApp no. :**

Parent's / Guardian's Contact no. : **Email :**

Parent's / Guardian's WhatsApp no.: **Marital Status :** Single Married

Religion : **Nationality :** **Blood Group :**

Caste : General OBC SC ST Others – Please specify

Student Domicile State (If not West Bengal) :

PARENTS AND GUARDIANS DETAILS

Father's Name :

Mother's Name :

Guardian's Name :

Relation with Guardian (if any) :

Occupation of parents/guardian :

ACADEMIC RECORDS

Exam	Name of the institution	Board	Year	Total Marks	Mark Obtained	Percentage
SSC						
HSC						

PREVIOUS EXAM RECORD

Subjects	Marks Obtained	P.C.B Total	P.C.B %	P.C.M.	P.C.M. %
				TOTAL	
Physics					
Chemistry					
Biology (if not maths					
Maths. (if not biology)					
English (optional)					

DOCUMENTS TO BE ATTACHED (XEROX) (SELF ATTESTED)

S.NO.	NAME OF DOCUMENTS	SUBMITTED	REMARK
01	SSC Marksheet		
02	SSC Board Certificate		
03	HSC Marksheet		
04	HSC Board Certificate		
05	Leaving Certificate		
06	Identity Proof		
07	Birth Certificate		
08	Domicile Certificate (For other state candidates)		
09	Caste Certificate (if applicable)		
10	Aadhar Certificate		
11	Migration Certificate		

PAYMENT AND INSTALLATION DETAILS

Total Course Fee : ₹

Initial Deposit : ₹

Booking Amount (If paid earlier) : ₹

Balance Fee : ₹

Whether opting for Student Credit Card : ☐ YES ☐ NO

NO. OF INSTALMENTS	DUE DATE	AMOUNT PAYABLE	REMARKS
1 ST INSTALMENT			
2 ND INSTALMENT			
3 RD INSTALMENT			

Whether willing to apply for private scholarships : ☐ YES ☐ NO

FOR OFFICIAL USE

Amount Paid : ₹

Receiving Account No. :

Sender's Account No. (Last 4/6 Digits) :

Transaction ID/ UID : ☐ Verified ☐ Pending

Name of the verifier :

Authorised Signatory

Official Seal

STUDENT DECLARATION AND AGREEMENT

I, _____, son/daughter of _____, hereby declare that I have read and understood all the rules, regulations, and policies set by Mayurakshi College of Pharmacy. By signing this declaration, I agree to abide by the following terms and conditions throughout my academic tenure.

Accuracy of Information
I affirm that all information provided in my admission form is true and correct to the best of my knowledge. I understand that any form of misrepresentation, false information, or document tampering shall lead to immediate cancellation of my admission without any claim for refund.

Submission of Documents
I am submitting all necessary documents as per the required format. I acknowledge that submission of forged, tampered, or invalid documents shall lead to automatic disqualification from the course, with no refund of fees already paid.

Non-Refundable Fees Policy
I understand that all fees paid to the institution are strictly non-refundable under any circumstances. I further accept that all outstanding dues must be cleared before I am issued any admit card, mark sheet, or academic certificate.

Installment & Payment Obligations
I agree to adhere strictly to the payment schedule and installment plan fixed by the college. Failure to make timely payments will attract penalties as per prevailing institutional norms. I accept that in case of non- payment, I may be barred from attending regular classes and may not receive academic documents until all dues are cleared.

West Bengal Student Credit Card Scheme
If I apply for a loan under the West Bengal Student Credit Card Scheme, I understand that loan approval is subject to the terms of the financing body, and MCP bears no responsibility for approval, disbursal, or rejection.

Teaching Practice & Practical Training
I undertake to actively participate in all laboratory work, practical training, and hands- on sessions mandated by the course. I understand that non-participation may result in academic consequences including disqualification from examinations.

Professional Conduct
I commit to maintaining discipline, ethical conduct, and respectful behavior both on and off-campus. I am aware that any misconduct, harassment, academic malpractice, or breach of college rules may lead to disciplinary action, including possible expulsion.

Uniform & Identity Card
I agree to wear the prescribed college uniform and carry my identity card during academic hours and institutional activities, including internships.

Anti-Ragging Declaration
I acknowledge that the college enforces a strict zero-tolerance anti-ragging policy. Any involvement in ragging activities will result in immediate expulsion and legal action as per the Anti-Ragging Act guidelines issued by UGC and PCI.

STUDENT DECLARATION AND AGREEMENT

Withdrawal from Course
If I choose to withdraw from the course for any reason, I will follow the formal withdrawal procedure. I accept that all fees paid are non-refundable and I must clear any pending dues before discontinuation. **Internship Requirement**
I acknowledge that completing the required internship and practical sessions is a mandatory component for appearing in the final examination and receiving the diploma.

Policy Revisions
I accept that the college may revise its academic, administrative, and fee-related policies from time to time in accordance with regulatory guidelines. Such changes shall be binding upon me.

Authority of Admission Committee
I accept that the decision of the Principal and the Admission Committee regarding my admission is final and binding.

University/Board-Related Charges
I understand that additional charges such as examination fees, registration, and document verification as per University/Board directives are not included in the tuition fee and must be paid separately as per schedule. **Role of the College in Examination**
I acknowledge that Natural College of Pharmacy functions under the affiliation of the relevant statutory body. The conduct of examinations and publication of results falls solely under the jurisdiction of the affiliating body. The college holds no responsibility in this regard.

By signing this declaration, I confirm my willingness to comply with all rules and regulations of Natural College of Pharmacy and accept full responsibility for any consequences arising from non-compliance.

Signature of the Applicant:

Signature of Guardian: (Optional)