EAST WEST INSTITUTE OF PHARMACEUTICAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences,
Recognized by Government of Karnataka, Approved by PCI, New Delhi)
187, Dodda Alada Mara Main Road, Kumbalagodu, Kengeri Hobli, Bengaluru - 560074. Karnataka, INDIA
E-mail : ewips2023@gmail.com | Website: www.ewips.co.in

APPLICATION FORM

S. No.

Date of Admission : _____

Affix recent Passport size Photo

COURSE OPTED (Please tick in the relevant box)	
B. Pharm.	
B. Pharm. (Lateral Entry)	

Full Name of the applicant in block letters as in 10th marks card			
Nationality	Religion	Caste :	Sex
		SC ☐ ST ☐ BC ☐ BT ☐	

Date of Birth — In Figures: ☐☐ ☐☐ ☐☐☐☐

In words: _____

Permanent Address : _____

_____

_____

_____

Mobile No. of Father : _____

Mobile No. of Mother : _____

Present Address : _____

_____

_____

_____

_____

_____

Name of the Father : _____

Name of the Mother : _____

Name of the Local Guardian : _____

Occupation of Father / Mother / Guardian and Annual Income _____

Whether the candidate belongs to

NRI/ Foreign Nationals Yes / No
(if yes Enclose Passport copy)

_____

Name of the Nation

_____

Local Address(if any):

_____

_____

_____

Mobile No. of Local Guardian:

_____

Qualifying exam passed with year	Name of the Board	Subjects Studied	Marks scored
		Total	
		percentage of marks	

Name of the College last attended

Date of leaving the College

Original Documents enclosed:

10th Marks Card ☐ D. Pharm. Marks Cards ☐ Study / Conduct Certificate ☐

12th Marks card ☐ D. Pharm. Certificate ☐ Migration Certificate ☐

Transfer Certificate ☐

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Place :

Date : Signature of the Candidate

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that I know the financial obligation and I can afford to pay all the costs and I undertake to pay the tuition and other fees payable to the college under the rules in force & which may be framed from time to time by the Management. I am aware that the fee paid to the college for admission will be forfeited in case of his/her discontinuation of the studies for any reason. I also stand by the declaration given by my son/daughter to the college.

Place :

Date : Signature of Parent/ Guardian

FOR OFFICE USE ONLY

Admitted to : .....

Admission No : ..... Fee Paid INR: .....

Receipt No. : ..... Date: .....

Signature of the Admin Signature of the Principal