



Admission/ Re-Admission Form 2021-22

Form No. _____

Registration No. : 2021-22/ _____

Date of Issue _____

Fee Receipt No. _____

Name of Candidate
(In Capital Letters) _____

Course with Class _____

If, Semester (Pl. mention) _____

Admission in Hostel ☐ Yes ☐ No

College Conveyance ☐ Yes ☐ No

Resident of Rajasthan (Yes/No) ☐

Please stick
recent passport size
colourful photograph
here

Caste : General ☐ SC ☐ ST ☐ OBC ☐ Other's ☐
Please Tick (✓)

Please Tick ()

Holding Passport : Yes/No Number

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Aadhar Card : Yes/No Number

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How did you come to know about the institute? Please tick ✓ your source(s)

☐ Friends ☐ Relatives ☐ Peer Group ☐ Alumni ☐ Media ☐ Word of mouth ☐ Website ☐ Education Fair ☐ College Staff ☐ Social Media



BIYANI INSTITUTE OF PHARMACEUTICAL SCIENCES

(Run by Jaipur Rural Health & Development Trust, Jaipur)

- Approved by Pharmacy Council of India, New Delhi
- Affiliated to the Rajasthan University of Health & Sciences, Jaipur, Rajasthan

Village- Champapura, Kalwar Road, Jaipur-303706, Rajasthan

Tel. : 0141-2860175 • Fax : 0141-2338007

Website : www.biyani pharmacy college.com • www.facebook.com/biyanigroupofcollege

Ragging is an offence under Anti Ragging Act.

Check List (Documents to be enclosed) - Refer to Page No. 3



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ADMISSION FORM

For Office Use Only

Please stick recent passport size colourful photograph here

Course Opted	<input type="text"/>	Category (Gen/OBC/SC/ST/Minority)	<input type="text"/>	Enrolment No. of University	<input type="text"/>
Registration No.	<input type="text"/>	Last Class Attended	<input type="text"/>	Permitted by	<input type="text"/>
Date	<input type="text"/>	% of marks secured	<input type="text"/>		

Please fill-in the details in **BLOCK LETTERS** only (To be filled in by the applicant)

Personal Information

Name of Student	<input type="text"/>		<input type="text"/>		<input type="text"/>					
	Surname		First Name		Middle Name					
Details of Birth	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place	<input type="text"/>	Nationality	<input type="text"/>		
		Day	Month	Year	Place & State					
	Category	<input type="text"/>			Religion	<input type="text"/>				
	Gen./OBC/SC/ST/PH/Minority			(Muslim/Sikh/Buddhist/Christian/Parsee)						
Current Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>				State	<input type="text"/>	Postal Code	<input type="text"/>	Phone No.	<input type="text"/>
Permanent Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>				State	<input type="text"/>	Postal Code	<input type="text"/>	Phone No.	<input type="text"/>
E-mail Address	<input type="text"/>						Mobile No.	<input type="text"/>		

Family Details

Father's Name	<input type="text"/>																								
	Full Name																								
	<input type="text"/>					Aadhar No.					PAN No.														
	<input type="text"/>					Position Held/Nature of Business					Total Annual Income					Contact Phone No.					Mobile No.				
	Office Address																								
Mother's Name	<input type="text"/>																								
	Full Name																								
	<input type="text"/>					Aadhar No.					PAN No.														
	<input type="text"/>					Position Held/Nature of Business					Total Annual Income					Contact Phone No.					Mobile No.				
	Office Address																								

Last Qualifying Exam

Qualifying Exam	Board/University	Name of the Institution and City	Year	Medium of Instruction	Subjects	% of Marks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Qualifying Exam

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and Phone No. of the family doctor

CHECK LIST (Documents to be enclosed) :

		Original	Photocopy	Checked by Authority (✓/x)	Due documents
<input type="checkbox"/>	Aadhar Card	-	1		
<input type="checkbox"/>	Mark sheet of Secondary Examination	1	2		
<input type="checkbox"/>	Mark sheet of the Qualifying Examination	1	2		
<input type="checkbox"/>	Transfer Certificate from the Institution last attended	1	1		
<input type="checkbox"/>	Character Certificate from the Institution last attended	1	1		
<input type="checkbox"/>	Migration Certificate	1	1		
<input type="checkbox"/>	Passport size recent colour photographs with white background	6	—		
<input type="checkbox"/>	Certificate of SC/ST/OBC/SBC/PH/Others for seeking weightage	1	2		
<input type="checkbox"/>	PAN Card of Father & Mother	—	2		
<input type="checkbox"/>	Bonafide Certificate of SC/ST/OBC/SBC/Others for seeking weightage	1	2		
Total					

FEE STRUCTURE FOR NEW ADMISSIONS

Sr. No.	Course	Fees
1.	B.Pharm	As per RUHS Norms
2.	D.Pharm	As per RUHS Norms
3.		

FEE ONCE DEPOSITED WILL NOT BE REFUNDED IN ANY CIRCUMSTANCES.

- Cheque/Demand Draft should be drawn in favour of Jaipur Rural Health & Development Trust / Biyani Institute of Pharmaceutical Sciences payable at Jaipur.
- We also accept fee receipts through Electronic system (PayTM/Credit Card/Debit Card/Online Payment), Cheque/DD.
- Late fee charges will be ₹ 50/- per day for each default strictly after due date as per the schedule and if not paid then it will be adjusted from caution money account of the student.
- Caution Money of ₹ 7500/- will be refunded only after the completion of the course.
- University - Enrollment & Examination Fees will be charged as per the fees notified time to time by the Rajasthan University of Health & Sciences, Jaipur.
- Local Conveyance will be available from all parts of the city and charged separately.
- Assistance for Educational Loan facility is available with HDFC Bank
- Coaching classes for Civil services (RAS/IAS) for UG & PG students is available in Vidhyadhar Nagar campus by **SAMYAK** (Optional).

Parent's Undertaking

I _____ father/mother/guardian of _____ hereby undertake the responsibility of good and disciplined behaviour of my ward till she remains a student of your college.

I understand that the **"Personality Enhancement Programme"** (PEP) & other programmes are essential for the enhancement of my ward's personality. She will attend all the classes regularly and strict disciplinary action can be taken against her in case of irregularity.

Further, I hold myself responsible for the payment of all her dues towards the college, if these remain unpaid by the applicant. I am responsible to pay the penalty ₹ 1,000.00 in case of cheque bounced. I hereby certify that the details given by my ward in this form are correct. If any one of them is found to be false, I understand that the admission of my ward will stand cancelled. The local Guardian nominated by me is as below and he/she only will be authorized to meet my ward.

Photograph (Mother)	Name _____ Signature _____	Photograph (Father)	Name _____ Signature _____
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In case of any damage to the college property, books or equipments, I shall personally compensate in terms of money. My ward shall abide by the rules and regulations established by the college and the University & she shall follow the dress code strictly.

I understand that if my ward leaves the college after joining the classes, whatsoever may be the reason, I will not claim for the refund of fees. All the fees/amount deposited with the college shall be forfeited.

I also agree to allow my ward to participate in all types of co-curricular activities, industrial tours, excursions etc. and shall be fully responsible for her conduct.

Declaration by the Student & Parent

- I have read the rules and regulations regarding the prospective course for admission in this college.
- I solemnly affirm that all above informations given by me and in the enclosures are true & correct. I understand that, if any information furnished therein is found to be untrue in material content, I shall be liable to legal prosecution and may also be expelled from the college.
- I understand that the **“Personality Enhancement Programme”** (PEP) & **“Industry Oriented Programme”** (IOP) are essential for the enhancement of my entire personality and that I shall regularly attend the programme. I stand solely responsible for missing my classes due to absenteeism. Strict disciplinary action to the extent of termination from college roll sheet can be taken against me if I am found violating the rules and regulations of PEP & IOP.
- I undertake to pay the Tuition/Hostel/other dues regularly.
- I commit to follow the uniform norms (dress code) of the college.
- I know the admission procedure clearly. **I won't claim for any fee refund from the college in any circumstances.**
- I will not do anything either inside or outside the college premises that will interfere with its orderly working and discipline.
- I declare that I have not been involved in any unfair means at School/University Examinations.
- I understand that if the University at any stage disqualifies me for enrolment/ examination, the admission given to me will be automatically cancelled and I shall not hold the college responsible for the same.
- I hereby declare that I have fully read aforementioned rules, fee schedule & related policy and regulations and swear to abide by the same. If any kind of breach is observed, it will be my whole and sole personal responsibility for the same. I understand that if I leave the college after joining the classes whatsoever may be the reason, I will not claim for refund of fees. All the fees/amount deposited with the college shall be forfeited.
- I hereby declare that I am aware that use of mobiles within the college/hostel campus is strictly prohibited. In case if mobile is found with my ward, it will be confiscated and Rs. 1,000/- will be charged as a fine and mobile will not be returned.
- I understand that if **my attendance falls below 75%, I will not be allowed to appear for any University Examination.**

ID Card Information

Please stick
passport size
photograph here

Please fill-in the details in **BLOCK LETTERS** only Biyani Enrollment No.:

Name of Student Hosteller ☐ Day Scholar ☐

Father's Name

Class DOB Blood Group

Day Month Year

Address

 Pin Code

Contact No.

Date :

Place :

Signature of the Student

Signature of the Parent/Guardian