



FORCES

COLLEGE OF PHARMACY

A Project of Forces School & College System

Campus Name / City: _____

Form No.: _____

Student I.D.: _____

Session: _____

ADMISSION FORM

PROGRAM OF STUDY

- Doctor of Pharmacy (5 years)
- Pharmacy Technician (2 years)

PERSONAL INFORMATION

Name: _____ Father's Name: _____

Nationality: _____ Religion: _____

CNIC: _____ D.O.B: _____

Email: _____ Phone: _____

Sex: Male Female Marital Status: Single Married

Address (Present): _____

Address (Permanent): _____

Passport Size
Photo

GUARDIAN INFORMATION

Name: _____ Occupation: _____

Relation: _____ Mobile No.: _____ Emergency Contact.: _____

Address: _____

ACADMIC PROFESSIONAL QUALIFICATION

Qualification	Board / University	Course / Subjects	Marks Obtained	Total Marks	Grade	Year
Matriculation						
Intermediate						
Graduation						
Post-Graduation						
Any Other						

Give One Reference: _____

Distinction/Awards: _____

I, DECLARE THAT

- All information given by me on this form are correct and complete.
- I understand that the College may refuse, reverse or terminate any enrolment on the basis of untrue, misleading or incomplete information.
- I am applying for admission with the consent of my Parents / Guardians.
- If admitted I shall abide by the rules, regulation and policies of the College.
- I shall not take part in any political or any unlawful activity.
- I shall not smoke in or around the College Campus or shall not use prohibited drugs.
- I shall follow the dress code of the College.
- I shall attend classes regularly as required by the institution as well as by the Government Regulations.
- In case of any change in my mailing address, I shall immediately inform the College Office. In case, College Correspondence / reports do not reach my given address, I / my parents shall Contact College Office immediately and collect the duplicate copy.
- In case of failure in send-up / semester examination / poor attendance / dues default, I shall be treated as ineligible to apply / appear for Board / University / College Examination.
- All fees are non-refundable and non-transferable and I shall never claim it.
- The Registration / Admission fees of Board and University shall be paid by the students.
- I have read the prospectus thoroughly.
- Any student aggrieved by any event in the College shall lodge a complaint with the Principal/Registrar and not with any outside authority unless the Principal / Registrar permits him / her to do so.
- To accommodate modern trends the college authorities, have the right to change the course requirement, fee, course nomenclature, course content, class schedule, venue, faculty, etc any time.
- Reviewing and interpreting policies and regulations for better academic discipline by the competent College authority is not challengeable. No prior notice is obligatory.

Applicant's Signature: _____

Date: _____

Father's / Guardian's Signature: _____

Date: _____

CHECK LIST

Have you attached the following documents?

Your application shall not be entertained unless all essential documents are included:

- Two Passport size photographs
- Two attested copies of Matriculation Certificate
- Two attested copies of Intermediate
- Two attested copies of Graduation
- Two attested copies of National Identity Card
- Two attested copies of Character Certificate
- NOC in Case of the Other Board/University
- Two attested copies of Domicile Certificate

Fee Package			Mode of Payments		
Particulars	Nature	Amount	Installments	Date	Amount
Admission Fee	Once				
Registration Fee	Once				
Tuition Fee	Per Semester/ Annual				
Examination Fee	Per Semester / Annual				
Other			Total		

Admission Officer

Admission Manager

Principal

FOR OFFICE USE ONLY

Form No.: _____ Date: _____

Admission Test: _____ Interview: _____ Admission Granted: _____

Remarks: _____