

REQUIRD DOCUMENTS REGARDING B.PHARMACY ADMISSION-2023

- 1) 5 COPIES OF XEROX MADHYAMIK ADMIT CARD(ATTESTED)
- 2) 5 COPIES OF XEROX MADHYMIK RESULT (ATTESTED)
- 3) 5 COPIES OF XEROX MADHYMIK REGISTRATION CERTIFICATE.(ATTESTED)
- 4) 5 COPIES OF XEROX MADHYAMIK CERTIFICATE(ATTESTED)
- 5) 5 COPIES OF XEROX H.S ADMIT CARD(ATTESTED)
- 6) 5 COPIES OF XEROX H.S RESULT (ATTESTED)
- 7) 5 COPIES OF XEROX H.S. REGISTRATION CERTIFICATE.(ATTESTED)
- 8) 5 COPIES OF XEROX H.S. CERTIFICATE(ATTESTED)
- 9) 5 COPIES OF XEROX WBJEE/AIEEE ADMIT CARD(ATTESTED)
- 10) 5 COPIES OF XEROX WBJEE/AIEEE RANK CARD(ATTESTED)
- 11) 5 COPIES OF XEROX WBJEE/AIEEE ALLOTMENT CARD(ATTESTED)
- 12) 5 COPIES OF XEROX AADHAR CARD.(ATTESTED)
- 13) 5 COPIES OF XEROX VOTER CARD(ATTESTED)
- 14) 5 COPIES OF XEROX PAN CARD(ATTESTED)
- 15) FAMILY INCOME CERTIFICATE FROM CHAIRMAN/PANCHYAT PRADHAN/ DISTRICT
MAGISTRATE(DM)
- 16) CAST CERTIFICATE SIGN BY GAZETTED OFFICER.
- 17) MEDICAL FITNESS CERTIFICATE.(XEROX)
- 18) VISION CERTIFICATE.(XEROX)
- 19) BLOOD GROUP CERIFICATE(XEROX)
- 20) SCHOOL LEAVING CERTIFICATE (XEROX)
- 21) ANTI RAGGING DECLARATION(GIVEN BY INSTITUTE)
- 22) 10 COPIES OF PHOTO (5 COPIES STAMP SIZE 7& 5 COPIES PASSPORT SIZE.)
- 23) PWD CERTIFICATE.
- 24) DOMESILE CERTIFICATE(GIVEN BY INSTITUTE)
- 25) DURING ADMISSION TIME **55000 RS** ,REQUIRE SUBMIT DD IN FAVOUR OF **BCDA COLLEGE
OF PHARMACY & TECHNOLOGY,CAMPUS-2, PAYBALE AT KOLKATA.**
AND ADDITIONAL **40000 RS**WILL BE COLLECTED AT THE TIME OF ADMISSION IN THE
NAME OF **BENGAL CHEMIST& DRUGGIST ASSOCIATION.**

26) DECLARATION FOR BREKING STUDY

A) YEAR GAP <3 YEARS : AN APPLICATION TO THE REGISTRAR OF WBUHS REGARDING THE GAP.SELF DECLARATION FOR BREAK IN STUDY MUST BE ATTESTED BY PRINCIPAL/A NOTARY REGARDING THE YEAR GAP.

B) YEAR GAP >=3 YEARS: NOTARY REGARDING THE YEAR GAP.

ESSENTIAL RULES FOR ADMISSION IN D.PHARM(SELF DECLARATION)

..... S/D.....

ADDRESS.....
.....

- 1.MUST BE ATTEND 75% ATTENDENCE IN THEORY AND PRACTICAL CLASSES AS PER RULES AND REGULATION, WITH OUT 75% ATTENDENCE I, SHOULD NOT ATTENED IN EXAMINATION IN SLOT AND FINAL EXAMINATION.
- 2.MUST BE WEAR PROPER DRESS CODE.
- 3.MUST BE FOLLOW COLLEGE RULES AND REGULATION.
- 4.IN CASE IF COLLEGE WILL FIND ANY KIND OF ANTIDIPLINARY ACTIVITY THEN COLLEGE WILL EXPELL.
- 5.I HAVE NO OBJECTION IN COLLEGE DECISSION.

YOURS FAITHFULLY

.....



BCDA COLLEGE OF PHARMACY AND TECHNOLOGY, CAMPUS 2
52/C/10, GHOSH PARA ROAD, UDAYRAJPUR, MADHYAMGRAM, KOLKATA-700129
(APPROVED BY AICTE, PCI, NEW DELHI AND AFFILIATED TO WBSCTE, KOLKATA)
APPLICATION FORMAT FOR ADMISSION OF B PHARM / D.Pharm.

COURSE..... session

Candidate's Personal information In CAPITAL

Name(CAP).....
 Date of Birth....., Adhar no..... Gender.....
 Address.....
 Blood Group..... Mob no..... WhatsApp NO..... Email id.....
 Facebook Id..... Religion.....cast.....,Category.....

Candidate's Academic Information:

10TH BOARD ,YEAR..... Sub& marks:

1.Beng:	5.L.SC:	9. TOTAL MARKS:
2.Eng:	6.GEO:	10:MARKS OBTAINED:
3.Math:	7.HIST:	11. % OF MARKS
4.P.SC:	8.ADDI:	
12. BOARD NAME		

12TH BOARD ,YEAR..... Sub& marks:

1.Beng:	5.BIOLOGY:	9. % OF MARKS
2.Eng:	6.MATHEMATICS:	
3.PHYSICS:	7 TOTAL MARKS	
4.CHEMISTRY:	8. MARKS OBTAINED:	
10 BOARD NAME/ COUNCIL NAME		
11 HS SCHOOL NAME:		

Guardians information:

Father's Name.....Mob..... Occupation.....
 Mother's name..... Mob.....Occupation.....
 Address.....

Entrance test information:

Name of the test:
 Rank: (General).....,(Spl).....
 College option:.....
 Concern Body Approved or Not:.....
 Online/offline/M Q/ Other:.....

Papers' submission information:(Please V)

- () 10TH Admit card, () 10TH mark sheet ,() 10TH Registration 10TH (), 10th Certificate ()
- () 12TH Admit card, () 12TH mark sheet ,() 12TH Registration 10TH (), 12th Certificate, () 12th mark sheet,() Entrance test admit,
- () Rank Card,() Allotment letter,() Aadhar card,() Cast Certificate,
- () 4 Copy colour recent passport Photo

Declaration: The above statements are true to the best of my knowledge.

.....
 Candidate's Signature

.....
 Guardian's Signature with date

Undertaking from students (Annexure I) & their parents/guardian (Annexure II) will have to be submitted positively at the time of admission as per the directive contained in the anti-ragging verdict by the Hon'ble Supreme Court

ANNEXURE I

AFFIDAVIT BY STUDENT

A recent passport size coloured photo of the student is to be affixed in this space and self-attested

1. I, (full name of student with admission/registration/enrolment number) S/o D/o Mr./Mrs./Ms., having been admitted to (name of the institution)....., have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), I have read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared thisday ofmonth of.....year.

Signature of deponent _____

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at.....(place).....on this the(day).....of.....(month).....(year).....

Signature of deponent _____

Solemnly affirmed and signed in my presence on this the.... (day).....of..... (month),.....(year).....after reading the contents of this affidavit.

OATH COMMISSIONER

**ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN**

1. I, Mr./Mrs./Ms.....(full name of parent/guardian/father/mother/guardian of(full name of student with admission/registration/enrolment number....., having been admitted to(name of the Institution)....., have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared thisday ofmonth of.....year.

Signature of deponent _____
 Name: _____
 Address: _____
 Telephone/Mobile No.: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at.....(place).....on this the(day).....of.....(month).....(year).....

Signature of deponent

Solemnly affirmed and signed in my presence on this the....(day)....of....(month)....(year).....after reading the contents of this affidavit.

OATH COMMISSIONER

PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2021.

Certified that _____

Son / daughter of _____ is a resident/permanent resident of West Bengal at Village/House No. _____

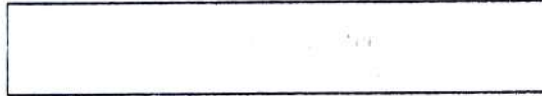
Street _____

Post Office _____ Police Station _____

In the District of _____ under _____

Assembly Constituency and has been living in the State of West Bengal continuously / uninterruptedly at least for the last ten (10) years as on 31-12-2021.

Paste 4 cmx3 cm size recent colour photograph in this box



Candidate must sign here in front of the certifying authority

(Candidate's photograph)

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

PROFORMA a2

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2021.

Certified that _____ son / daughter of _____ has passed the '10+2' Examination in the year _____ / will appear in the Final '10+2' Examination in 2022 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at

Village/House No. _____

Street _____ Post Office _____

Police Station _____ in the district of _____

under _____ Assembly Constituency and has been living and studying in the State of West Bengal continuously / uninterruptedly at least for the last ten (10) years as on 31-12-2021.

Paste 4 cmx3 cm
size recent colour
photograph in this
box

Candidate's signature

Candidate must sign here in front of the certifying authority

(Candidate's photograph)

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No. _____ (optional)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

PROFORMA b

Residential/Domicile Certificate for candidates not residing in the State of West Bengal but whose parent(s) is (are) permanent resident(s) of West Bengal having their permanent home address within West Bengal.

Certified that _____

Father/ mother of _____ (the applicant) is/ are permanent Resident of West Bengal at Village/House No. _____

Street _____

Post Office _____ Police Station _____

In the District of _____

Under _____ Assembly Constituency

Paste 4 cmx3 cm size recent colour photograph of the candidate in this box

Paste 4 cmx3 cm size recent colour photograph of father/ mother of the candidate in this box

Father's/ Mother's Signature

Candidate's Signature

Candidate must sign here in front of the certifying authority

(Candidate's Photograph) (Father's/ Mother's Photograph)

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photographs are to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

Proforma for Income Certificate

Certified that the TOTAL ANNUAL FAMILY INCOME FROM ALL SOURCES of
 _____ GUARDIAN _____, guardian of _____ CANDIDATE _____
 residing at _____ Post Office _____
 Police Station _____ in the district of _____
 in the state of West Bengal for the financial year 2021-2022 is less than Rs. 2.50 lakhs (Rupees
 two lakhs and fifty thousand only) and stands at Rs. _____ (Rupees
 _____).

Paste 4 cmx3 cm
 size recent colour
 photograph of the
 candidate in this
 box

Candidate's signature

**Candidate must sign here in front of the certifying
 authority**

(Candidate's Photograph)

Signature of Certifying Authority _____

Designation with Official Seal _____

Full Name of Certifying Authority _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

*Note: Photographs are to be attested by the certifying authority.
 The Certifying Authority should preserve a duplicate copy of this Certificate.*

Recommended format for NCL Certificate

RECOMMENDED FORMAT OF CERTIFICATE TO BE PRODUCED BY NON-CREAMY LAYER (NCL) OTHER BACKWARD CLASSES CANDIDATES

Certificate No. -

Date:

This is to certify that _____ Son/daughter of _____
of village _____ P.O. _____ P.S. _____
in the district of _____ in West Bengal belongs to the community which is
recognized as a Backward Class (Other Backward Class - Category A/B) by the Government of West
Bengal, under: _____ and as a Backward Class by the Government of
India for the State of West Bengal under: _____ and his/her family are
permanent resident(s) in the District of _____ in West Bengal.

This is also to certify that he does not belong to the category of persons/section (Creamy Layer) to whom reservation shall not apply as provided in Schedule II under Section 4 of the West Bengal backward Classes (other than Scheduled Castes and Scheduled Tribes) (Reservation of Vacancies in Services and Posts) Act, 2012 or in Column No. 3 of the Schedule to the Govt. of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt (SCT) Dated 8-9-93, last revised vide O.M.No. 36033/1/2013 dated the 27th May, 2013.

Applicant's
recent passport
size
photograph
duly attested



Office
seal

Signature of issuing Officer

District Magistrate/ Executive Magistrate/ Add. District
Magistrate/ S.D.M./ Tehsildar /Sub Divisional Officer

District
West Bengal

OBC-A / OBC-B Certificate issuing authority for candidates claiming under such reserve category of seats are as per Notification vide No. 374(71)-TW/EC/MR-103/94 dated 27/7/1994, read with Memorandum No. 1204-SBCW/MR-67/10 dated 27/7/2015 issued by Backward Classes Welfare Department. Govt. of W.B., the Sub Divisional Officer of a Sub- Division in a District is the certificate issuing authority. In Kolkata such certificate is issued by such an officer as the State Government by modification authorizes. Accordingly, the District Welfare Officer, Kolkata, and Ex-officio Joint Director, BCW has been notified to act as the certificate issuing authority in respect of Kolkata covering the jurisdiction of the Kolkata Municipal Corporation.

THE CERTIFICATE MUST HAVE BEEN ISSUED IN THE CURRENT FINANCIAL YEAR WHEN IT IS PRODUCED FOR VERIFICATION

OBC/A/B

Certificate regarding physical limitation to write in an examination.

Certificate No. Dated

This is to certify that Mr./Ms.

Son/daughter of Mr. Ms.

Residing at

Paste 4 cmx3
cm size recent
colour
photograph of
the candidate
in this box.

Having application No. has the following disability (name of the Specified Disability) In percentage of(in words)(in figures).

Please tick the specified disability (Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section-3, Subsection (ii)) Ministry of Social Justice and Empowerment)

S. No.	Category	Type of Disability	Specified Disability
1	Physical Disability	Locomotor Disability	a) Leprosy cured person, b) Cerebral palsy, c) Dwarfism, d) Muscular dystrophy, e) Acid attack victims
		Visual Impairment	a) Blindness, b) Low vision
		Hearing Impairment	a) Deaf, b) Hard of hearing
		Speech & Language Disability	a) Permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes
2	Intellectual Disability		a) Specific learning Disability (Perceptual Disabilities, Dyslexia, Dyscalculia, Dyspraxia & Development Aphasia) b) Autism spectrum disorder
3	Mental Behaviour		a) Mental illness
4	Disability caused due to	i. Chronic Neurological Conditions	a) Multiple sclerosis b) Parkinsonism
		ii. Blood disorder	a) Haemophilia, b) Thalassemia, c) Sickle cell disease
5	Multiple Disabilities		a) More than one of the above specified disabilities including deaf blindness

This is to further certify that he /she has physical limitation which hampers his/her writing capabilities to write the examination owing to his/her disability.

Signature

Name

Chief Medical Officer/ Civil Surgeon/Medical Superintendent

Govt. Health Care Institution with seal

Letter of Undertaking for Using Own Scribe

I a candidate with.....
(Name of the disability) appearing for the
(Name of the examination) bearing Application No. do hereby state
that (Name of the scribe) will provide
the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is

Signature of the candidate

Name of the scribe:

ID of the scribe:

ID number:

Paste 4 cmx3
cm size recent
colour
photograph of
the scribe in
this box.