

Lokseva Pratishthan's  
**Lokseva College of Pharmacy, Phulgaon**  
Tal- Haveli, Dist-Pune 41216

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**ASSURANCE / IDEMNITY BOND**

I Mr. / Mrs. \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Parent/Guardian of Mr. / Ms \_\_\_\_\_

being residing at \_\_\_\_\_ do here by solemn affirmation that I execute these presents & agree bellow mentioned rules & regulation voluntarily.

1. My ward / son / daughter \_\_\_\_\_ is taking admission to First / Second year of D Pharmacy at Lokseva College of Pharmacy, Phulgaon. It is obligatory responsibility upon my son / daughter and me as a parent / guardian to follow and observe the rules and regulation of the college.
2. I am aware that my ward is participating in various events of college voluntarily and if any mishap takes place, then management / college/ principal/ staff will not responsible for it
3. I shall not hold the college administration any way what so ever responsible for any incident / accident during the course / visits/ tours / excursions/events arranged in college or outside college.
4. I shall be responsible for my son / daughter's good behavior and discipline during the course.
5. I consent that my son / daughter / ward is bind with rules & regulations framed by institute / management from time to time. He / She is ready to follow instruction of staff regarding discipline. He / She will not use mobiles (Cell Phone) in college/campus as per instructions.
6. I am aware that my son / daughter/ ward if involved directly or indirectly in any type of ragging in campus or out of campus, the college will take necessary action according to Maharashtra Prevention of Ragging Act 1999.
7. It will be obligatory on me to reimburse pay charges if any in case of any damage to institute / campus property.
8. In an emergency, I authorize the college to provide consent for medical or surgical treatment as deemed necessary by the medical authorities. Hospital charges must pay by parents.
9. I am aware and accept all responsibilities regarding student during the period of course.
10. I am aware that I will bind with rules for cancellation of admission. I am not liable to get back amount of fees paid for the admission. I am bind to pay necessary fees/whole fees of two year as per the situation raised at cancellation of admission after cutoff date of admission.
11. I am aware that for provision of scholarship/ EBC from Govt., certain documents are needed. If I or my ward/ son/ daughter is unable to provide these documents in prescribed time limit. I or my ward /son / daughter is not liable to claim scholarship/ EBC from institute.
12. I am bind to pay fees which is sanctioned by Shikshan Shulk Samiti.
13. I am aware that my son / daughter/ ward attendance is less than 75% is not eligible to appear for Exam.

I have read & agreed with the terms & conditions of college.

**Place: Phulgaon**

**Date:**

**Name & Signature of Student**

**Name & Signature of Parent/ Guardian**