

**M.L.MEMORIAL COLLEGE OF PHARMACY**  
MOGA-LUDHIANA G.T.ROAD, NEAR AJITWAL V.P.O' KILLI CHAHAL, DISTT. MOGA (PB)  
**PH.NO. 01636-263031, FAX NO.01636-264088**

Ref.No:- MLM/PHAR/24/ 1001

Date: 01/02/24

**SELF DECLARATION (BIOMETRIC ATTENDANCE)**

I **Mr.Kuldeep Singh & Principal** on behalf of **Sh.M.L. Memorial Educational Society (Regd.)** hereby confirm that attendance of Faculty, Staff and Students working/studying in my institution **M.L.Memorial College Of Pharmacy Killi Chahal ,(Moga)** is being recorded using Biometric Machines as per instructions/guidelines of Maharaja Ranjit Singh Punjab Technical University, Bathinda.

It is hereby confirmed that all the information furnished above is true to the best of my / our knowledge and belief and if any information is found to be false, the application for Affiliation for the Academic Session 2024-25 may be rejected.

(Authorized Signatory of the applicant)

Place: **Killi Chahal**

Date: 01/02/24

Name: **Kuldeep Singh**

Designation: **Principal**

Seal

## M.L.MEMORIAL COLLEGE OF PHARMACY

MOGA-LUDHIANA G.T.ROAD, NEAR AJITWAL V.P.O KILLI CHAHAL, DISTT. MOGA (PB)

PH.NO. 01636-263031, FAX NO.01636-264088

Ref.No:- MLM/PHAR/24/ 1002

Date:

15/02/24

### SELF DECLARATION (FACULTY DETAIL)

I **Mr.Kuldeep Singh & Principal** on behalf of **Sh.M.L. Memorial Educational Society (Regd.)** hereby confirm that details of the Faculty and Staff working in my institution **M.L.Memorial College Of Pharmacy Killi Chahal (Moga)** has been uploaded on institution website (URL: **www.mlminstitutions.in**) as per instructions/guidelines of Maharaja Ranjit Singh Punjab Technical University, Bathinda. The items contained in the details uploaded are as given below:

Faculty Name

Father/Husband Name

Date of Birth

Designation

Course/ Branch

Qualification

Area of specialization

Aadhaar Card No.

Emoluments

Bank Name

Branch Name

IFSC Code

Account Number

PAN Number

Mobile No.

Email ID

Photograph

It is hereby confirmed that all the information furnished above is true to the best of my / our knowledge and belief and if any information is found to be false, the application for Affiliation for the Academic Session 2024-25 may be rejected.

(Authorized Signatory of the applicant)

Place: **Killi Chahal**

Name: **Kuldeep Singh**

Date:

15/02/24

Designation: **Principal**

Seal

**M.L.MEMORIAL COLLEGE OF PHARMACY**

MOGA-LUDHIANA G.T.ROAD, NEAR AJITWAL V.P.O KILLI CHAHAL, DISTT. MOGA (PB)

**PH.NO. 01636-263031, FAX NO.01636-264088**

Ref.No:- MLM/PHAR/24/ 1003

Date: 5/1/24

**SELF DECLARATION (INTAKE APPLIED)**

I **Mr.Kuldeep Singh & Principal** on behalf of **Sh.M.L. Memorial Educational Society(Regd.) M.L.Memorial College Of Pharmacy Killi Chahal (Moga)** hereby confirm that the courses and their Intake (No. of seats) applied to the University and various statutory bodies like AICTE/COA/PCI etc. are identical.

The detail of this information mentioned in various application forms is given below:

Sr. No	Course/ Branch Name	Intake applied to AICTE (If applicable)	Intake applied to COA (If applicable)	Intake applied to PCI (If applicable)	Intake applied to MRSPTU
1	B.Pharmacy			60	60

It is hereby confirmed that all the information furnished above is true to the best of my / our knowledge and belief and if any information is found to be false, the application for Affiliation for the Academic Session 2024-25 may be rejected.

(Authorized Signatory of the applicant)

M.L. Memorial College of Pharmacy

Killi Chahal, Moga

Place: **Killi Chahal**

Date: 5/1/24

Name: **Kuldeep Singh**Designation: **Principal**

Seal

## M.L.MEMORIAL COLLEGE OF PHARMACY

MOGA-LUDHIANA G.T.ROAD, NEAR AJITWAL V.P.O KILLI CHAHAL, DISTT. MOGA (PB)

PH.NO. 01636-263031, FAX NO.01636-264088

Ref.No:- MLM/PHAR/24/ 1004

Date: 5/2/24

### SELF DECLARATION (SHOW CAUSE NOTICE/ COURT CASE FILED)

I **Mr.Kuldeep Singh & Principal** on behalf of **Sh.M.L. Memorial Educational Society(Regd.) M.L.Memorial College Of Pharmacy Killi Chahal (Moga)** hereby confirm that:

1. No Show Cause Notice has been issued by any Statutory bodies/University/Government to the Trust/ Institution.
2. No Court Case is pending against the Trust/Institution in any court of Law in India/Abroad.
3. No Charge sheet has been filed by any Statutory bodies/University/Government against the Trust/ Institution.
4. No Ragging case is pending against the Trust/Institution.

Details of any of the cases mentioned above if still pending may be mentioned below and their hard copy must be submitted with the application (Strike if not applicable).

It is hereby confirmed that all the information furnished above is true to the best of my / our knowledge and belief and if any information is found to be false, the application for Affiliation for the Academic Session 2024-25 may be rejected.

(Authorized Signatory of the applicant)

M.L. Memorial College of Pharmacy  
Killi Chahal, Moga

Place: **Killi Chahal**

Date: 5/2/24

Name: **Kuldeep Singh**

Designation: **Principal**

**M.L.MEMORIAL COLLEGE OF PHARMACY**  
MOGA-LUDHIANA G.T.ROAD, NEAR AJITWAL V.P.O KILLI CHAHAL, DISTT. MOGA (PB)  
**PH.NO. 01636-263031, FAX NO.01636-264088**

Ref.No:- MLM/PHAR/24/ 1005

Date: 5/2/24

**SELF DECLARATION (MANDATORY DISCLOSURE)**

**I Mr.Kuldeep Singh & Principal** on behalf of **Sh.M.L. Memorial Educational Society (Regd.) M.L.Memorial College Of Pharmacy Killi Chahal (Moga)** hereby confirm that the complete details of the institution i.e Infrastructure/Faculty/Staff/Facilities/ Norms etc. required to be mentioned in the mandatory disclosure as per prescribed format of the university have been uploaded on institution website at the URL mentioned below:

(URL [www.mlmintitutions.in](http://www.mlmintitutions.in))

It is hereby confirmed that all the information furnished above is true to the best of my knowledge and belief and if any information is found to be false, the application for Affiliation for the Academic Session 2024-25 may be rejected.

(Authorized Signatory of the applicant)  
M.L. Memorial College  
Killi Chahal, Moga

Place: **Killi Chahal**

Date: 5/2/24

Name: **Kuldeep Singh**

Designation: **Principal**

Seal

**M.L.MEMORIAL COLLEGE OF PHARMACY**  
MOGA-LUDHIANA G.T.ROAD, NEAR AJITWAL V.P.O KILLI CHAHAL, DISTT. MOGA (PB)  
**PH.NO. 01636-263031, FAX NO.01636-264088**

Ref.No:- MLM/PHAR/24/ 10006

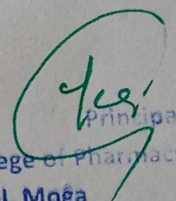
Date:

5/2/24

**To Whom It May Concern**

I inform that all Faculty and all non teaching staff data, has been entered as per the prescribed format on the University Web Portal.

M.L. Memorial College of Pharmacy  
Killi Chahal, Moga

  
Principal

Place: Killi Chahal

Name: Kuldeep Singh

Date:

5/2/24

Designation: Principal

Seal