

APPLICATION FORM FOR ADMISSION TO PHARMACY

B. PHARMA

1. NAME OF THE CANDIDATE (In block letters as per 10th marks card)

2. A. NAME OF THE FATHER _____

B. OCCUPATION _____

C. ANNUAL INCOME _____

3. AGE & DATE OF BIRTH _____

4. A. NATIONALITY _____

B. RELIGION _____

C. CASTE _____

(State whether belongs to any reserved category, if so submit proof)

5. PERMANENT ADDRESS OF THE CANDIDATE

6. PARTICULARS OF QUALIFYING EXAM

Qualifying Exam passed	Name of the Board or State	Regd. No. & year of passing	No of attempts	Total marks %	Marks obtained % in optional subjects

7. INSTITUTION AT WHICH THE CANDIDATE STUDIED DURING LAST SEVEN YEARS.
 (Give reasons for discontinuation if any in remarks column)

Course year	Name of Institution	Class	Medium	Remarks

8. EXTRA CURRICULAR ACTIVITIES

9. NAME & ADDRESS OF A RESPONSIBLE PERSON FOR REFERENCE

DECLARATION BY THE CANDIDATE

I _____ Daughter/Son of _____
 Here by declare that the information furnished above is true to the best of my knowledge. I promise to abide the rules & regulations farmed by the college Authorities and also declare that I am liable for any disciplinary action taken by the college authorities incase of any on my default.

DECLARATION BY THE CANDIDATE

I _____ Admitted my Daughter/Son _____
 _____ Into B. PHARMA

Payment Details

DD Cheque (Please tick the mode of payment), Amount.....
 Rupees in words.....
 Date.....Bank.....Branch.....