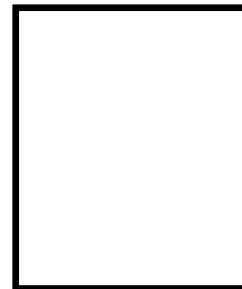




THE PHARMACEUTICAL COLLEGE

SAMALESWARI VIHAR, TINGIPALI, BARPALI

ADMISSION FORM



Form No:-

Name of Course- D. Pharm / B. Pharm / M. Pharm

1. NAME OF THE CANDIDATE (as per High School) _____

2. Father Name:- _____

3. Mother Name:- _____

4. Date of Birth:- ____/____/____ Gender:- (Male/ Female)_____

5. Category:- General / SC /ST / OBC

6. COMPLETE MAILING ADDRESS

PERMANENT ADDRESS

PIN _____ Phone _____

Mobile No. _____

Email: _____

PIN _____ Phone _____

Mobile No. _____

7. Nationality:-

8. Entrance Exam. Qualified – OJEE (If others please specify) _____

Rank _____

Roll No. _____

(Enclose photocopy as proof)

9. Particulars of examinations passed/appeared.

Examination	Board/ University	School/college	Year of Passing	Total % marks obtained	Subject	Medium of Education English/Hin di
High school/10 th or equivalent						
Intermediate/10+2 or equivalent						
Any Other						

Kindly enclose certified photocopies of Mark sheet/ Certificate.

DECLARATION

Mr./Mrs. _____ S/o/D/o/Shri _____

Hereby solemnly affirm that: -

1. I have carefully read the information Bulletin and agree to abide by the terms and conditions laid down there in.
2. All the information filled in this form is correct and in case any of the information is found incorrect at any Stage, I am liable to be removed from the role of the college and will not claim of any fees refund.
3. I agree that my admission will be made only for the course applied subject to the fulfillment of eligibility.

(Signature of the Parent/Guardian)

(Signature of the Candidate)

Name _____

Name _____

Date _____

Date _____

Admission Incharge Verification

Director Signature

Remark _____