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APPLICATION FORM

(To be filled by the Candidate)

	COURSE: D-PHARM Academic Session:
(Write in Block Letters)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. APPLICANT'S NAME	
2. PRESENT ADDRESS	\$6 \ \times 1 \ \times
	PIN Mobile No.
3. PERMANENT ADDRESS	
	PIN Mobile No.
4. DATE OF BIRTH	
5. GENDER	MALE FEMALE
6. CATEGORY	ST SC BC-I BC-II GEN PH
7. MARITAL STATUS	a) Married b) Unmarried
8. NATIONALITY	
9. FATHER'S NAME	
	Mobile No.
	OCCUPATION
10. MOTHER'S NAME	
	Mobile No.
	OCCUPATION

12 ACADEMIC QUALIFICATION

SL	Name of Exam Passed	Institution of Study	Board / University	Year of Passing	Subjects	Total marks out of	% Score in your exam

13. ENCLOSE THE FOLLOWING

- I) Attested Copies:
 - 10th Mark Sheet & Pass Certificate
 - 12th Mark Sheet & Pass Certificate
 - School Leaving / Transfer Certificate
 - Birth Certificate
- ii) Medical Fitness Certificate
- iii) 10 passport size photograph
- iv) Cast Certificate (In case ST/SC/OBC candidates)
- v) Migration Certificate
- vi) Three self addressed stamped envelope.
- vii) Photo copy of Aadhar Card



DECLARATION BY PARENT / GUARDIAN

1	hereby declare that the applicant,
Miss / Mrs. / Mr	is my daughter / son / ward & that she will abide
by the rules & regulations of this institution. I understand that in	the event of her violating any one or more of these
rules. She will be terminated.	

I do undertake the full responsibility to make all financial arrangement in remitting her bills at admission &

by the 10th of every month thereafter. Failure to do so you discounting my daughter / ward from the classes & cafeteria. Signature of the parent / guardian Signature of applicant Date:..... Date:,.....