

# Shri Rameshwar College of Pharmacy

Village-Kandola, Tehsil-Dhaulana, District-Hapur-245301(U.P)  
Ph: 0122-2987676, Mob 7599993670/71/72  
E-mail Id: srcp.hpr@gmail.com

## APPLICATION FOR ADMISSION

Note: Please Fill The Form In Block Letters

Form No.....

Course Applied For: D.Pharm  B.Pharm

Lateral Entry  Yes  No

Session  to

Name of Candidate Ritvik Tyagi Aadhaar No. 2244 2302 1444

E-mail ID tyagikartik94tyagi@gmail.com Mobile No. 9654385008

Father's Name PC Tyagi Occupation \_\_\_\_\_

E-mail ID \_\_\_\_\_ Mobile No. \_\_\_\_\_

Mother's Name Vandana Tyagi Occupation \_\_\_\_\_

E-mail ID \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date of Birth 

D	DM	M	Y	Y	Y	Y
2	5	0	9	1	9	9

 Gender  Male  Female Nationality \_\_\_\_\_

Category: General  SC  ST  OBC  MIN  PH  Religion \_\_\_\_\_

Permanent Address Near M.B Girls collage, sihani

City Ghaziabad State Uttar Pradesh Pin 

2	0	1	0	0	3
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Correspondence Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin 

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Local Guardian's Name (if any) Mr./Ms. \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

E-mail ID \_\_\_\_\_ Mobile No. \_\_\_\_\_

Do You Require Transport Facility (chargeable)  YES  NO

If Yes Preferred Bus Stop \_\_\_\_\_

Documents attached: Tick the check box:-

i) X Mark Sheet ( ) / Pass Certificate ( )

ii) XII Mark Sheet ( ) / Pass Certificate ( )

iii) B.A./ B.Sc./B.Com (Graduation & Degree): Tick the check box:-

Ist Year ( )

IInd Year ( )

IIIrd Year ( )



iv) M.A./M.Com./M.Sc.(Post Graduate & Degree) (if any)

Ist Year ( )

IInd Year ( )

Other education courses (if any) ( )

Income Certificate ( )

Caste Certificate ( )

Domicile ( )

Aadhaar Card ( )

Voter I.D. Card ( )

Other documents (if any) ( )

Do you think any other details (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Undertaking**

Certify that the information on page no.1 & 2 are true and correct to the best of my knowledge and belief. I shall abide by the rules, regulation, and procedures of the college. I fully understand that the decision of the Principal in this regard shall final and bindings. I certify that all the above stated information is correct to the best of my knowledge and belief. I agree that I will be held responsible for any misinformation given by me and I fully understand and agree that provision of wrong or misinformation which can lead to cancel my admission and further necessary action by the college.

Guardian's Signature

Name \_\_\_\_\_

Mobile No. \_\_\_\_\_

Relationship \_\_\_\_\_

Student Signature

Name \_\_\_\_\_

Mobile No. \_\_\_\_\_

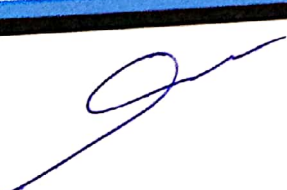
Checked By:-.....

  
Admission Granted to Course

A/C OFFICER

1.2 Lakh discount 20k  
1.50k Advance paid on 18/7/19  
1.50k Sep. 19 paid on 24/8/19

PRINCIPAL

  
24/8/19