



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 Kartik Tyagi Aadhaar No. 761219036608

E-mail ID tyagikartik94tyagi@gmail.com Mobile No. 9650206080

Father's Name Prem Chand Tyagi Occupation —

E-mail ID — Mobile No. —

Mother's Name Vandna Tyagi Occupation Housewife

E-mail ID — Mobile No. —

Date of Birth 31/08/1994 Gender Male Female Nationality Indian

Category: General SC ST OBC MIN PH Religion Hindu

Permanent Address Near MB girls Inter College, Villu Simoni, Ghaziabad

City Ghaziabad State Uttar Pradesh Pin 201003

Correspondence Permanent Address _____

City _____ State _____ Pin

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

120k discount 20k.
50k. Advance paid on 18/7/19
50k - Sept. 19. by cash 24/8/19

PRINCIPAL