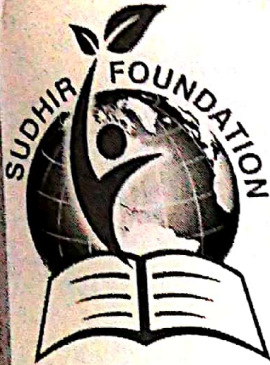


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Shri Rameshwar College of Pharmacy

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

Lateral Entry Yes No

Session 2018 to 2019

Name of Candidate NARESH KUMAR KANSAL Aadhaar No. 798666553804

E-mail ID _____ Mobile No. 9958907959

Father's Name LATE SH. RAJESHWAR PRASAD Occupation BUSINESS

E-mail ID _____ Mobile No. 9958907959

Mother's Name SMT. PREMLATA Occupation HOUSE WIFE

E-mail ID _____ Mobile No. 9818322641

Date of Birth D D M M Y Y Y Y 05/01/1969 Gender Male Female Nationality INDIAN

Category : General SC ST OBC MIN PH Religion HINDU

Permanent Address CC-1/11, AVANTIKA

City GHAZIABAD State U.P. Pin 201002

Correspondence Permanent Address AS ABOVE

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 | (<input checked="" type="checkbox"/>) / | Pass Certificate | (<input checked="" type="checkbox"/>) |
| ii) | XII Mark Sheet | (<input checked="" type="checkbox"/>) / | Pass Certificate | (<input checked="" type="checkbox"/>) |
| 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)

1st Year

2nd Year

Other education courses (if any)

Income Certificate

Caste Certificate

Domicile

Aadhaar Card

Voter I.D. Card

Other documents (if any)

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Passport

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 and 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 _____

(Signature)
Student Signature
Name NARESH KUMAR
Mobile No. KANSAAL
9958909959

Checked By:

Admission Granted to Course

A/C OFFICER

[1,20,000/- 1st Year
1,00,000/- 2nd Year]

90K Receive 26-08-2019
20K Discount 10K Balance
Kantsyeeji
17 Nov 19, 26/11/19

PRINCIPAL

→ 10,000 Deposit through Cheque
1.10 - R.
Bareilly.