



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 SARTHAJ-GOEL Aadhaar No. 83309007496

E-mail ID SARTHAJ-GOEL114-Gmail-Com Mobile No. 9837874690

Father's Name MR. VIKAS -GOEL Occupation _____

E-mail ID _____ Mobile No. 9837221910

Mother's Name Mrs. CHANCHAL -GOEL Occupation _____

E-mail ID _____ Mobile No. _____

Date of Birth D D M M Y Y Y Y 18/11/1999 Gender Male Female Nationality _____

Category: General SC ST OBC MIN PH Religion _____

Permanent Address Mohalla pura

City phikhura State U.P Pin

Correspondence Permanent Address _____

City _____ State _____ Pin

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

Address Mohalla pura 114

E-mail ID _____ Mobile No. 9837874690

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 ()

Affix a latest Self attested passport size colored photograph

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

Ist year fee Nil

VC OFFICER

*Total
120000/-*

40000/- Discount

PRINCIPAL

*D. Pharma IInd
Year 80K Bal*

Kaanta Tyagi