



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

Please Fill The Form In Block Letters

Course Applied For: D.Pharm B.Pharm

Form No.....

General Entry Yes No

Admission from [] [] [] [] to [] [] [] []

Name of Candidate RAVINDRA KUMAR CHAUHAN Aadhaar No. 669472296456

Parent's Name LAXMAN SINGH CHAUHAN Mobile No. 9971894191

Occupation _____

Parent's Name MURTI DEVI Mobile No. _____

Occupation _____

Mobile No. _____

Date of Birth D D M M Y Y Y Y Gender Male Female Nationality _____

Category: General SC ST OBC MIN PH Religion _____

Permanent Address J-211 Sec-12 PARTAP VIHAR GHAZIABAD

State _____ Pin 201309

Correspondence Permanent Address _____

State _____ Pin [] [] [] [] [] []

Occupation _____

Address _____

Mobile No. _____

You Require Transport Facility (chargeable) YES NO

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 abide by the rules, regulation, and procedures of the college. I fully understand that the decision of the Principal in this regard shall be final and binding. 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 understand and agree that provision of wrong or misinformation which can lead to cancel my admission and necessary action by the college.

Guardian's Signature

Name _____

Mobile No. _____


Relationship _____


Student Signature

Name RAVINDRA KUMAR CHAUHAN

Mobile No. 997109419

Checked By:.....


13/8/19
Admission Granted to Course

A/C OFFICER

PRINCIPAL

1.0 Lakh

40 K. deposit cash

20 K. cheque

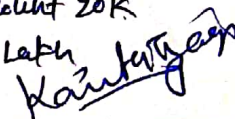
40k upto August 19

50k upto before Diwali 19.

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1.20 Lakh Discount 20K

Total - 1.0 Lakh



13/08/19