



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

Form No.....

Course Applied For: D.Pharm B.Pharm

Regular Entry Yes No

Admission to

Name of Candidate Satendra Yadav Aadhaar No. 8660 44832782

Email ID Satendra00@gmail.com Mobile No. 7300910668

Father's Name Sheeshpal Yadav Occupation _____

Father's Email ID _____ Mobile No. _____

Mother's Name Kusum Occupation _____

Mother's Email ID _____ Mobile No. _____

Date of Birth D D M M Y Y Y Y 20031997 Gender Male Female Nationality _____

Category: General SC ST OBC MIN PH Religion _____

Permanent Address Village+PO-Nan. Tis-Hapur Distt-Hapur.
Hapur State Uttar Pradesh Pin 245101

Correspondence Permanent Address _____
State U.P Pin

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

Address _____

Email ID _____ Mobile No. _____

Do you Require Transport Facility (chargeable) YES NO

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 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 understand and agree that provision of wrong or misinformation which can lead to cancel my admission and for necessary action by the college.

Guardian's Signature

Name _____

Mobile No. _____

Relationship _____


Student Signature

Name Sartaha Yash

Mobile No. 7300 9106

Checked By:-.....


Admission Granted to Course 10/8/19

A/C OFFICER

80 k.
5 k deposit 10/8/19
15 k - deposit 20/8/19

1.20 Lakh, Discont 40k
Total - 80k
Principal
