



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

Course Applied For: D.Pharm B.Pharm

Form No.....

Maternal Entry Yes No

Session to

Name of Candidate Aakash

mail ID villainprajapath@gmail.com Aadhaar No. 596007632100

Other's Name venprakesh Mobile No. 6398677485

mail ID _____ Occupation _____

Other's Name sunata Devi Mobile No. _____

mail ID _____ Occupation _____

Date of Birth DDMMYY Mobile No. _____

Gender Male Female Nationality _____

Category: General SC ST OBC MIN PH Religion _____

Permanent Address Vid - Jakhari, Post - galaul, Tehsil, Dhaulana Hapur

State _____ Pin 245110

Correspondence Permanent Address _____

State _____ Pin

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

Address _____

mail ID _____ 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 shall abide by the rules, regulation, and procedures of the college. I fully understand that the decision of the Principal on 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 Veal Prakesh

Mobile No. 9634247853

Relationship _____

Aakash

Student Signature

Name Aakash

Mobile No. 6398670748

Checked By:-----

9/8/19
Admission Granted to Course

A/C OFFICER

1.20 12. discount 70k,

PRINCIPAL