



# 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.....

Regular Entry  Yes  No

Admission  to

Name of Candidate Ashish Kumar

Aadhaar No. \_\_\_\_\_

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Date of Birth DDMMYYYY

Gender  Male  Female Nationality \_\_\_\_\_

Category: General  SC  ST  OBC  MIN  PH  Religion \_\_\_\_\_

Permanent Address \_\_\_\_\_

State \_\_\_\_\_

Pin

Correspondence Permanent Address \_\_\_\_\_

State \_\_\_\_\_

Pin

Legal 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   | ( )   |                  |     |

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 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 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 \_\_\_\_\_

Mobile No. \_\_\_\_\_

Checked By:-.....

Admission Granted to Course

A/C OFFICER

30 + Scholarship

30 ru deposit on 14/8/19

PRINCIPAL