



# 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

General Entry  Yes  No

Admission  to

Name of Candidate Imran Khan

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

Roll ID \_\_\_\_\_

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

Father's Name Tajir Husain

Occupation \_\_\_\_\_

Roll ID \_\_\_\_\_

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

Mother's Name JAFFRI BEGUM

Occupation \_\_\_\_\_

Roll ID \_\_\_\_\_

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

Date of Birth D D M M Y Y Y Y Gender  Male  Female Nationality \_\_\_\_\_

01071988

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

Permanent Address MOULANA AZAD NAGAR 25 FEET ROAD JAMALPUR ALIGARH

City ALIGARH

State UTTER PRADESH

Pin 202002

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

City \_\_\_\_\_ State \_\_\_\_\_

Pin

Legal Guardian's Name (if any) Mr./Ms. \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Roll ID \_\_\_\_\_

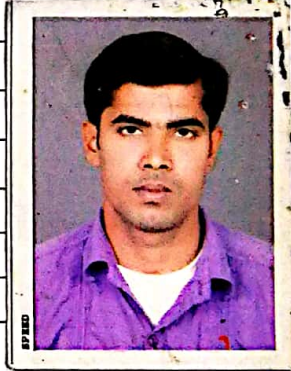
Mobile No. \_\_\_\_\_

Do You Require Transport Facility (chargeable)  YES  NO

Bus Stop Preferred \_\_\_\_\_

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 and 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 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 further 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

*120K. discount 40K*

PRINCIPAL