

G.B. College of Pharmacy

Jewari, Khirwa Road Kanker Khera, Meerut 250001

APPLICATION FORM FOR ADMISSION IN DIPLOMA/DEGREE IN PHARMACY

TO,

No.

(TO BE FILLED BY THE CANDIDATE IN BLOCK LETTERS)

AFFIX STAMP
SIZE
PHOTOGRAPH

| | | | | | |
|----|--------|---------|---|----|-----------|
| 1. | COURSE | D.PHARM | I | II | SESSION : |
|----|--------|---------|---|----|-----------|

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|----|-------------------------|
| 2. | NAME OF CANDIDATE |
|----|-------------------------|

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|----|---------------|------|--|-------|--|------|--|--|--|
| 3. | DATE OF BIRTH | DATE | | MONTH | | YEAR | | | |
|----|---------------|------|--|-------|--|------|--|--|--|

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| 3. | FATHER'S/HUSBAND NAME |
|----|-----------------------------|

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|----|---------------------|
| 3. | MOTHER'S NAME |
|----|---------------------|

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|----|-----------------------------|----------|-------|-----------|----------|------------|---------------|-----|
| 6. | FATHER'S/HUSBAND OCCUPATION | SERVICE- | GOVT. | NON GOVT. | BUSINESS | PROFESSION | ANNUAL INCOME | RS. |
|----|-----------------------------|----------|-------|-----------|----------|------------|---------------|-----|

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| 7. | SEX | MALE | | FEMALE | | BLOOD GROUP | |
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| 8. | CAST CATEGORY | UR | | SC | | ST | | OBC | |
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|----|---------------------------|-----|--|----|--|-------|-------|
| 9. | ARE YOU DOMICILE OF C.G.? | YES | | NO | | URBAN | RURAL |
|----|---------------------------|-----|--|----|--|-------|-------|

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| 10. | ADDRESS | |
| | | PINCODE |

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| 11. | PHONE NO. | STUDENTS MOBILE NO. | PARENTS MOBILE NO. | LANDLINE NO. WITH STD CODE |
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| 12. | e-mail address |
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