



R.K. INSTITUTE OF PHARMACY

Address : Village - Aruari, Post - Khivali Kala, Koraon, Prayagraj - 212306

Email : rkpharmacy18@gmail.com, Website : www.rkpharmacy.com

Mob : 9559901357, 9452746271, 9792149872

DIPLOMA IN PHARMACY (D. PHARM)

APPLICATION FORM

Form No :

Session : 20__ - 20__

For Office Use

Admission receipt No.Date.....

Received Fee.....Clerk Signature.....

1. आवेदक का पूरा नाम (हिन्दी में).....

2. Name of the Candidate (In block letter)

Grid for candidate name

3. Father's / Husband's Name (Strike out one which is not applicable):

Grid for father/husband name

4. Mother's Name :

Grid for mother's name

5. Date of Birth : DD MM YYYY

6. Category : Gen-1 OBC-2 SC-3 ST-4 MIN-5

7. Religion : HINDU-1 MUSLIM-2 SIKH-3 CHRISTIAN -4 OTHERS-5

8. Sex : Male-M Female- F Trans Gender

9. Gaurdian Mob No. : Student's Mob No.

10. Adhar No. :

11. Complete mailing address :

Photo of Candidate
Signature

Candidate Copy

Form No. :

1. Name of the candidate.....

2. Father's/Husband Name.....

3. Received Fee.....Date.....

Photo of Candidate

12. Education Detail :

Passed Year	Board/ University	Year of Passing	Roll No.	Class	% age	Total Marks Obtain	Regular/ Private	Name of Institute	Subject

13. Name of Previous Board/University :

14. Bank Name : **Branch :**

A/c No. **I.F.S.C. Code**

15. Annual Income : **Income Certificate No.**

16. Cast Certificate No : **Domicile Certificate No:**

17. Scholarship Registration No. :

Xerox Certificate

1. High School Certificate
2. Intermediate Mark Sheet & Certificate
3. Transfer/Migration Certificate
4. Cast Certificate
5. Domicile Certificate
6. Six photograph

Fee Detail

Candidate DD No. (Payable at Allahabad).....
Date.....
 Bank Name.....
 DD Amount.....

DECLARATION

I.....hereby declare that Statement made herein above is correct to be my knowledge. I also undertake to see that I shall abide all the rules and regulation of you institute shall be responsible fr the payment of all prescribed amount. I shall be responsible, if my application reject for any reason by the University.

Sig. of Candidate