



THE PHARMACEUTICAL COLLEGE

SAMALESWARI VIHAR, TINGIPALI, BARPALI

ADMISSION FORM/READMISION FORM

Particulars of Students:-

Date _____

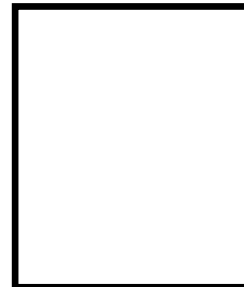
Student Regd. No _____

Course- **D. Pharm-** 1st Yr/ 2nd Yr

B. Pharm- 1st Sem/ 2nd Sem/ 3rd Sem/ 4th Sem/

5th Sem/ 6th Sem/ 7th Sem/ 8th Sem

M. Pharm- 1st Sem/ 2nd Sem/ 3rd Sem/ 4th Sem



Student Name:- _____

Contact No:- _____

Email:- _____

WhatsApp No:- _____

Father Name:- _____

Contact No:- _____

Mother Name:- _____

Contact No:- _____

Date of Birth:- _____ / _____ / _____

Gender:- (Male/ Female) _____

Aadhar No:- _____

Category:- General / SC / ST / OBC

Hostel Boarder:- Hostel No 1/2/3/4/5

Day Scholar:- _____

Training:-Hospital/ Industrial/Other:- _____

Back Paper Examination Details:- _____

Payment Details-

Tution Fees:-

Regd. Fees:-

Hostel Fees:-

Transport Fees:-

Canteen Fees (If Any):-

Previous Semester/ Yr dues:-

Grand Total:-

Student Signature: _____

Parent Signature: _____

Office Use Only:-

Accountant

Verifying Officer

Principal