



Mob.: 8423759999, 8572904347

# NIRMLA RAM AJOR YADAV PHARMACY COLLEGE

SADHAHA, PATTI, PRATAPGARH 230124 (U.P.)

## ADMISSION FORM

Edit  
photograph

### Personal Details

Name Mr./Ms.

Date of Birth : DD   MM   YY     Category (SC/ST/OBC/GENERAL)

Mother's Name :

Father's Name :

Aadhaar No.:

Occupation of Father / Supporting Guardian :  Annual Income :

Father's E-mail  Father's Mobile No.:

Mailing Address :

Phone.:  Mobile No.:

E-mail :

### Courses Applied for

D. Pharm

Nirmla Ram Ajor Yadav Pharmacy College



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SADAHA, PATTI, PRATAPGARH 230124 (U.P.)

## Instruction for Submission of this form :

The following documents are required to be submitted along with this form

- Self attested photocopies of all Marksheets & Certificates from High School till date
- Score Cards all relevant entrance examinations
- Certificates/Proof of other Achievements
- Certificate of work Experience (if applicable)
- Two recent Passport size photographs

Submit this form by Hand / Post / Courier to any of the Address.

## Personal Qualification :

Examination	Board/University/Institute	Year of Passing	% Mark Obtained	Main Subjects
High School				
Inter Midiate				
Any Others Qualification				

## Entrance Examination Details :

### JEECUP

Roll No.:  General Rank:  Category Rank :

### Others Please Specify :

Roll No.:  Score :  Rank :

## Declaration

I hereby declare that the information given by me in this form is correct to the best of my knowledge and belief. I have not concealed any fact or material information and I duty possess the minimum prescribed qualification. I understand that in case anything is found contradictory or false, my admission shall be cancelled. I shall abide by all terms, conditions, rules and regulations of the college/University/Goverment with regards to admissions.

I have understood that my application will be considered only if any seat is available as per University/U.P. Govt. guidelines, otherwise this application will automatically be cancelled. The registration fee is not refundable in any case.

Date : .....

Signature of Father/Guardian

Signature of Applicant