INDERPURA PHARMACY COLLEGE

(ApprovedBy:AICTE, PCI, RUHS& Govt. Of Rajasthan)

V/P=INDERPURA TEH.-UDAIPURWATI DIST.-JHUNJHUNU (RAJ.)

Off. - 8209257110,9784169492

 $Email: \underline{inderpurapharmacy@gmail.com} Website: www.inderpurapharmacycollege.com$

| For Office Use Only: | <u>Applicatio</u> | on Form | AFFIX | | | |
|-------------------------------------|-------------------------------|-----------|----------|--|--|--|
| Reg. No: | (Session |) | PASSPORT | | | |
| Date of Joining: | | | SIZE | | | |
| | | | РНОТО | | | |
| Personal Details: | | | | | | |
| Name: | | | | | | |
| First | Middle | Last | | | | |
| Date of Birth: | | Age: Year | hth | | | |
| Sex: Male Female | e 🗌 | | | | | |
| Religion: | | | | | | |
| Cast: SC ST | SBC | OBC GEN | | | | |
| Marital Status: Married | Unmarried | Widow | | | | |
| Nationality: | | | | | | |
| Name of Father: | | Occupatio | n: | | | |
| Name of Mother: | | Occupatio | on: | | | |
| Aadhar Card No Jan Aadhar No | | | | | | |
| Yearly Income: | | | | | | |
| Address: | | | | | | |
| Address of Communication : | | | | | | |
| | | | | | | |
| | | | _ Pin: | | | |
| Contact Details : | | | | | | |
| Iouse Landline:Parents Mobile No. : | | | | | | |
| Students Mobile No | dents Mobile No Email Address | | | | | |

Academic Details:

4. Caste Certificate

| S.No. | Course | Subject | Year | Board / University | | Marks | Percentage |
|-------------------|-----------------------------|---------------------|---------------|---------------------------------------|-------------|-----------------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Gape in | n Previous Y | lear: | Yes | No 🗌 | (If Yes At | tach Gape | e Certificate) |
| <u>Health</u> | History: | | | | | | |
| Have a | ny Health F | Problems / Disea | se: Yes | No 🗌 | (Attach F | Iealth Cer | tificate) |
| | | Decl | aration by | Parent / Guard | <u>ian</u> | | |
| Ι | | her | e by affirm | that the inform | ation prov | ided and | enclosures |
| submit | ted there to | this application | of my son/ | daughters Mr/ | Ms | | |
| for the | admission t | to the Pharmacy | course is tr | ue and correct. | | | |
| Place: | | | | | | | |
| Date: | | | | | | 9 | Signature |
| | | | Declaration | n by Student | | | |
| IM _m / | $\mathbf{M}_{\mathbf{G}}$ | | | hove | by doctors | that the in | oformation. |
| | | . (1.2 12 (2 | | | • | | |
| - | • | this application | | | • | <u> </u> | |
| - | | y the rule and re | | | | eclare tha | t I have no |
| Physica | al and Ment | al disabilities tha | at disqualify | y me from adm | ission. | | |
| Place: | | | | | | | |
| Date: | | | | | | : | Signature |
| <u>Note</u> : - | Attach the | Original Docun | nents - | | | | |
| 1 | . 10 th Mark Sl | heet | 5. Transfe | r Certificate (TC) | 9. S | tamp Paper | of Rs. 50/- |
| | 2. 12 th Mark Sl | | | ion Certificate 10.Health Certificate | | | |
| 3 | 3. Bonafide Ce | ertificate | 7.Ten Pass | sport Photo | 11.Gape Af | ffidavit (If A | Any) |

8. Aadhar Card (Photo Copy)