

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

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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