



NANDINI NAGAR MAHAVIDYALAYA COLLEGE OF PHARMACY

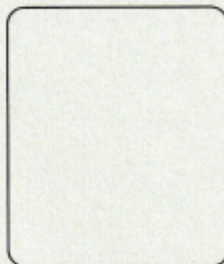
Nawabganj, Distt. Gonda (U.P.) - 271 303

Affiliated to A.K.T.U Lucknow & Board of Technical
Education Lucknow and Approved by P.C.I. New Delhi

Sr. No.

Session.....

ADMISSION FORM



Course.....

Roll No. (B.Pharm 2/3/4 year).....

Name of Student:.....

Father's Name:.....

Mother's Name:.....

Date of Birth:..... Religion:..... Monther Tongue:.....

Permanent Address.....

..... Pin Code.....

Correspondence Address.....

..... Pin Code.....

Contact No. (Students)..... Contact No. (Guardian).....

Category: Gen. / OBC / SC / ST

Educational Qualification

S.No.	Class	Board	College Name	Year	Marks Obtained	Percentage
1	10 th (Secondary)					
2	12 th (Sr. Secondary)					
3	B. Pharm - I/D. Pharm - I					
4	B. Pharm - II/D. Pharm - II					
5	B. Pharm - III					

DECLARATION

Certify that information furnished above is correct to best of my knowledge I also certify that I have not been involved in any criminal act and have never been rusticated from any education institution. In case any infirmation given in this application is proved wrong after admission, the institute can take appropriate legal action on me I will abide by the rules and regulations of the Institution in all respects. I will not make the Management responsible in any way for my injury caused to me during the practical, games and sports and other activities of the institute.

Dated :

Place :

Signature of Applicant

No. of Enclosers :

CERTIFICATE FROM THE PARENTS

I certify that my son/daughter ward is an applicant for admission to the B.Pharm. There is no court case against him/her. I shall responsible for his / her conduct and payment of fees through out his studentship at the Institute.

Dated :

Signature of the parent/Guardian

FOR OFFICE USE ONLY

Management / University Seat

Application from received on _____ Fee Receipt No. _____

Admitted / Not Admitted _____ Dated _____

Principal _____

Director _____

Office Superintendent _____