



DADHICHI COLLEGE OF PHARMACY

VIDYA-VIHAR, SUNDARGRAM, CUTTACK - 754002

APPLICATION FORM

FOR ADMISSION IN TO B. PHARMA / D. PHARMA COURSE

Application Form No.

FOR OFFICE USE

COURSE	B. PHARMA / D. PHARMA
INDEX No.	
ROLL No.	

ADMIT IN TO
B. PHARMA / D. PHARMA COURSE

PRINCIPAL

Space for
Passport size
Photograph

(Recent Photo)

FOR APPLICANT'S USE

TO BE FILLED IN BY THE CANDIDATE IN HIS OWN HANDWRITING

(ALL IN CAPITAL LETTER)

1. NAME OF THE APPLICANT :
2. FATHER'S NAME :
- LEGAL GUARDIAN'S NAME (If Father is no more) :
- RELATIONSHIP WITH APPLICANT :
- OCCUPATION OF FATHER / LEGAL GUARDIAN :
3. CATEGORY CLAIMED ✓ THE CORRECT BOX : S.C. S.T. P.H. GEN. OTHERS
4. DATE OF BIRTH (in figure) :
- (in words) :
5. NATIONALITY : 6. SEX M F 7. MARITAL STATUS M UM

8. ADDRESS

PERMANENT

AT :

POST :

P.S. :

DIST :

STATE :

PIN : Ph. No.

FOR CORESPONDENCE

AT :

POST :

P.S. :

DIST :

STATE :

PIN : Ph. No.

9. ACADEMIC RECORDS :

EXAMINATIONS PASSED	BOARD / COUNCIL UNIVERSITY	CLASS / DIVISION	YEAR OF PASSING	MAXIMUM MARKS	MARKS SECURED WITH% WITHIN BRACKET	REMARKS

N.B. : ATTACH PHOTO COPIES OF PASS CERTIFICATE / MARK SHEETS

10. IF ADMITTED, I PROPOSE TO RESIDE :

WITH PARENTS

WITH RECOGNISED GUARDIAN

IN COLLEGE HOSTEL

IN A PRIVATE ACCOMMODATION

UNDERTAKING

I hereby agree to abide by the rules of the College / Hostel. I also undertake that should any instance of indiscipline and disobedience of the rules laid down by the Trust / Institute Government, and or any authority empowered by them in this regard, or should my conduct in the college is found not satisfactory, my name will automatically be struck off from the college register. I do hereby, certify that the information furnished by me in this application are true and correct, and I undertake that any wrong information furnished by me & detected afterwards will be treated as a cognisable offence, and will entail appropriate penal / Legal action against me.

Full Signature or thumb impression of Father / Legal Guardian

Full Signature of the Applicant

Place :

Place :

Date :

Date :

(UNDERTAKING AT THE TIME OF ADMISSION)

I Sri / Smt. Son / Daughter
of Sri / Smt. Vill./P.O.
PS. District State a student of Class
in **DADHICHI COLLEGE OF PHARMACY** hereby undertake that I shall not resort to ragging activities or any
other acts of misbehaviour in the college premises or outside. In case, it is found that I am involved in any such activities, my name
will be struck-off from the institution.

I agree

Signature of Parents / guardian with Date

Full Signature of the applicant with Date

List of Documents Attached :

1.

7.

2.

8.

3.

9.

4.

10.

5.

6.

Full Signature of the Applicant