

Form No:

D. Pharm.

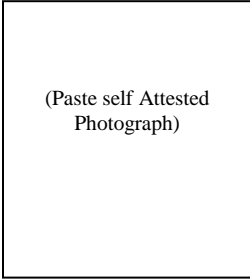
Session:



ARYAKUL COLLEGE OF PHARMACY AND RESEARCH

Vill: Natkur, PO: Chandrawal, Behind CRPF Base Camp,
Gauri-Bijnaur Road, Lukcnaw.

(Registration Form)



1. Full Name

(In Block Letter)

(First Name) (Middle Name) (Last Name)

2. Contact Details

Mob _____ Email _____

3. Date of Birth

4. Sex M/F

5. Blood Group

6. Father's Name

_____ Occupation _____

Contact Nos. (M) _____ (Res) _____

7. Mother's Name

_____ Occupation _____

8. Present Address

Location Street

City/District Pin

9. Permanent Address

Location Street

City/District Pin

Contact Nos. (Res) _____ (M) _____

10. Local Guardian

Name

(First Name) (Middle Name) (Last Name)

Address

Location Street

City/District Pin

Occupation

_____ Signature _____

Contact Nos.

(Res) _____ (Mob) _____

11. Emergency Nos.

_____ Person Name & Relation: _____

12. Category

General/SC/ST/OBC/ Minority (Specify _____)

(Attach the attested copy of the caste certificate issued by the competent authority)

13. Hostel Required

Yes/No

14. Thumb Impression

Yes/No _____ Date _____ Taken By _____

14. Educational Qualification (Attach all self attested testimonials) - Note: Transfer Certificate is must

Sl. No.	Roll No.	Examination Passed (Medium)	Institution/Board	Subjects	Division/Percentage
1					
2					
3					
4					

15. Whether indulged in any Police case Yes/No

If Yes Place _____ Police Station _____ District _____

Reason _____

16. Any Medical ailment Yes/No

If Yes Ailment Name _____ Severity: Low/Middle/High

Description if any _____

(Attach a Medical Certificate issued by CMO for Medical Fitness)

Declaration

I hereby declare that all the information provided as above is correct to the best of my knowledge and belief. If any of the information given above is found incorrect, my registration shall stand cancelled.

I also declare that I will follow all rules and regulations of the Institution as declared time to time.

Date: _____ **(Name & Signature of Applicant)**

Declaration

I shall honor all rules and regulations of the Institution and if required for any reason, I would be present. If any of the information given above is found to be incorrect my ward's registration shall stand cancelled. In case of change in address and contact numbers, I shall intimate the new one at the earliest.

Date: _____ **(Signature of Parents/Guardian)**

FOR OFFICE USE ONLY

Session: _____

1. Form No.
2. Identity No. Allotted
3. Name of the Candidate
4. Local or Outstation
5. Name of the Course
6. Transfer Certificate Yes/No _____ Date _____ TC. No _____
7. Address Proof Yes/No _____ Aadhar/Voter ID/DL/DC _____
8. Aadhar Yes/No _____ Aadhar No _____ Issue Date _____
9. Attachment List of Documents (Yes/No _____)

(Signatory)