



DHANVANTARI COLLEGE OF PHARMACY

(Approved with Pharmacy Council of India, New Delhi)

Reg. No.:.....

Date:.....

Instruction: 1. Please read application form carefully before filling.

2. Please mentioned valid mobile number.

3. Please enclose self attested photocopy of 10th, 12th mark sheets, certificates, Aadhaar Card and four photos.

Course Name :.....

Candidate's Name :.....

Candidate's Father Name :.....

Date of Birth:



Candidate's Aadhaar Number :..... Nationality :.....

Gender :..... Caste :..... Category :.....

Mobile Number :.....

Email Address :.....

Correspondence Address :.....

Educational Qualification

Sl.No.	Exam Passed	Name of School/College	Name of Board	Passing Year	Percentage
1.					
2.					

Declaration: 1. I have by declare that the information given by me is true. If it will be
Incorrect, I will be responsible for the same.

2. I have read and understood the rules and regulation of the institute and I
am agree to abide them.

3. I agree to pay the fee for the course before the due dates as
Communicated to me.

Place :.....

Date :.....

Name of Student :.....

Signature :.....

ACKNOWLEDGMENT

Candidate Name:.....

Course Name :..... **Reg. No :**.....