

# HERBAL-CROSS INSTITUTE OF PHARMACY



## APPLICATION FOR ADMISSION INTO D.PHARM COURSE FOR THE CURRENT ACADEMIC SESSION

Please attach  
your latest  
Colour  
Photograph

1. Name (in Block letter) : \_\_\_\_\_

2. Father's Name (a) : \_\_\_\_\_

Mother's Name (b) : \_\_\_\_\_

3. Date of Birth (a) in figures : \_\_\_\_\_

(b) in words : \_\_\_\_\_

4. Sex: Male / Female: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Blood Group: \_\_\_\_\_

5. Whether belongs to S.C. / S.T. / P.H., etc. \_\_\_\_\_

6. Present Address of Father / Guardian

Name: \_\_\_\_\_ at: \_\_\_\_\_

Via: \_\_\_\_\_ Post: \_\_\_\_\_

Telegraph Officer: \_\_\_\_\_ Dist: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Telephone No. (With STD Code): \_\_\_\_\_

7. **Academic Qualification** (Beginning from 10<sup>th</sup> class / HSC / Madhyamik)

Exam Passed	Name & Address of Board / University	Name & Address of School / College	Year of Passing	Max. Marks	Marks Secured

**8. Marks Secured in +2 science / Equivalent Examination**

Physics		Chemistry		Biology		Math		For Office Use
Max. Marks	Marks Secured	Max. Marks	Marks Secured	Max. Marks	Marks Secured	Max. Marks	Marks Secured	

9. Will you stay in College Hostel? \_\_\_\_\_

10. I declare that the particulars furnished above are true to the best of my knowledge and belief. I am liable to be summarily expelled from the College, if any of the particulars found to be untrue / incorrect or fabrication.

Full Signature of Parent / Guardian

Full Signature of the Applicant

Place \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Receipt \_\_\_\_\_

Index No. \_\_\_\_\_

Admission offered / rejected for the reason stated below:

**Verification Officer (1)**

**Verification Officer (2)**

**Principal**