



SHRI RAM COLLEGE OF PHARMACY

Approved by AICTE, PCI, New Delhi & Director of Technical Education, Haryana Govt.

Affiliated with Pt. B. D. Sharma University of Health Sciences, Rohtak.

INDRI ROAD, RAMBA, KARNAL, HARYANA 132116

Website: www.srpcollege.com e-mail: shrirampharmacolg@yahoo.co.in

Tel: 0184-2389800-900, 9416640422, 9255734857

ADMISSION FORM

B.PHARMACY -----semester

Session -----

Affix recent
passport size
Photo with
signature

(Fill in the form in block letters)

Name -----S/D/o-----

Mother's name -----Category-----

Date of birth-----Occupation (father)-----

Address-----

PIN-----Domicile-----Tel.No. -----Mobile -----

School/College last attended-----

Name of local Guardian-----Mobile-----

Address -----

Detail of last qualifying examination (Enclose attested Photocopies of Documents)

Name of Examination	Board /University	Passing Year	Marks %	Subjects
10 th				
10+2				
Others				

If there is gap after qualifying examination, enclose affidavit giving reason

I solemnly affirm that the above information is correct. I understand that if any of the above information is found incorrect at any stage, my admission to the course will be cancelled. I understand that my admission is provisional and subject to approval from Pt. B. D. Sharma University of Health sciences, Rohtak, Haryana.

Signature of Student

CERTIFICATE

I, -----S/D/o-----have applied for the admission to B. Pharmacy Ist/ IInd Year (Lateral Entry) in Shri Ram College of Pharmacy, Ramba, Karnal. I affirm that no action of any kind against me is pending or has been decided in any University/ Board which make me ineligible for admission to B. Pharmacy course. The particulars filled in the admission form are true and nothing has been concealed.

Date -----

Signature of Student