APPLICATION FORM FOR ADMISSION IN DIPLOMA/DEGREE IN PHARMACY

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1.	COURSE D	D.PHARM		SESSIO	N:		B.PHAF	RM	1 11	III	IV SI	ESSION:		
2.	NAME OF C	CANDIDAT	E			••••••		•••••			•••••		***************************************	
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3.	DATE OF BI	IRTH	DAT	E		MONTH	1		YEAF	₹		*		
	Τ						,				Andreas (1944)			
3.	FATHER'S/H	HUSBAND	NAME			***************************************		•••••		•••••		************		
	T :			*	\$		a)							
3.	MOTHER'S	NAME						•••••		••••••				
6.	FATHER'S/HU		SERVICE-	GOVT.	NON	BUSIN	IEGG	DDOE		ANN	JAL	l 50		
	OCCUPATION	N		00V1.	GOVT.	Boom	1200	PROFI	ESSION	INCC		RS.		
7.	SEX		MALE		FEM	1ALE		BLO	OOD GR	OUP				
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8.	CAST CATE	GORY	UR	97	sc			ST				овс Г		
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9.	ARE YOU D	OMICILE	OF C.G.?		YES		N	10	*		U	RBAN	RURAL	
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10.	ADDRESS.			•••••••				•••••	••••••			••••••		
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11.	PHONE NO.		STUDENTS MOBILE NO. PARENTS MOBILE NO. LAND									LINE NO. WITH STD CODE		
	. HONE NO			1					25				1 A1	
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12.	e-mail addre	ess												

DETAIL	S OF EXAMINATION PASSED S	TARTING FROM SSC (FO	OR 1 ST YEAR STUDENTS C	DNLY) -	
a)	EXAMINATION	YEAR OF PASSING	BOARD/UNIVERSITY	MARKS SECURED / STATUS (PASS-FAIL-SUPPL.	
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MARKS	S OBTAINED IN H.S.S.C. (STD. X	(II") EXAMINATION SCIEN	ICE GROUP FOR (1°' YEA	R STUDENTS ONLY.)	
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