

# APPLICATION FORM FOR ADMISSION IN DIPLOMA/DEGREE IN PHARMACY

TO,

No.

THE OFFICER INCHARGE (ADMISSION)

ROYAL COLLEGE OF PHARMACY

BEHIND PT. R.S. UNIVERSITY CAMPUS, DUMAR TALAB (MOHABA BAZAR)

RAIPUR (C.G.) 492 099

(TO BE FILLED BY THE CANDIDATE IN BLOCK LETTERS)

AFFIX STAMP  
SIZE  
PHOTOGRAPH

1.	COURSE	D.PHARM	I	II	SESSION :	B.PHARM	I	II	III	IV	SESSION :
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2.	NAME OF CANDIDATE .....
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3. DATE OF BIRTH	DATE			MONTH			YEAR			
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3.	FATHER'S/HUSBAND NAME .....
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3.	MOTHER'S NAME .....
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6. FATHER'S/HUSBAND OCCUPATION	SERVICE-	GOVT.	NON GOVT.	BUSINESS	PROFESSION	ANNUAL INCOME	RS.
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7. SEX	MALE		FEMALE		BLOOD GROUP	
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8. CAST CATEGORY	UR		SC		ST		OBC	
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9. ARE YOU DOMICILE OF C.G.?	YES		NO		URBAN	RURAL
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10.	ADDRESS .....		PINCODE	
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11. PHONE NO.	STUDENTS MOBILE NO.	PARENTS MOBILE NO.	LANDLINE NO. WITH STD CODE
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12.	e-mail address
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