



RAM GOPAL COLLEGE OF PHARMACY

Approved by : Pharmacy Council of India (PCI), AICTE, MHRD, Govt. of India
Affiliated to: Pt. B.D. Sharma University of Health & Sciences, Rohtak

ENQUIRY FORM

SESSION 201_-201_

B. PHARMACY LEET M. PHARMACY Chemistry Ceutics

Affix a
Recent
Passport Size
Photograph

1. Name of Candidate : _____

2. Father's Name : _____ Mobile : _____

3. E-mail ID : _____

4. Full Postal Address for Correspondence : _____

Telephone No. _____ Mobile : _____ 5. D.O.B. : _____

6. Particulars of Qualifying Examination from High School on-wards :

Examination	Board/University	Year	Marks Obtained (%)	Subject

7. How you come to know about us?

Newspaper Ad Pamphlets Student Reference Website

Any other (Referred by) _____

8. Category - General SC Any Other

9. Facilities - Transportation Hostel

(Signature of Candidate)

FOR OFFICE USE ONLY

ATTENDED BY : _____

REMARKS : _____

Date :

Place :

SIGNATURE : _____