



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

ADMISSION FORM

IMPORTANT INSTRUCTION TO FILL UP THE APPLICATION FORM :

1. WRITE IN **BLOCK CAPITALS** AND USE **DARK BLACK BALL POINT / GEL PEN** ONLY.
2. LEAVE A BLANK SPACE BETWEEN WORDS.
3. BEFORE FILLING UP THE FORM, GO THROUGH THE PROSPECTUS, RULES & REGULATION CAREFULLY.
4. SCRIBBLING / OVERWRITING / USING WHITE FLUID IS NOT ALLOWED.
5. DO NOT USE PREFIXES LIKE / SRI / SMT / MR. / MRS. BEFORE NAME / FATHER'S NAME / MOTHER'S NAME.

SESSION 201_-201_

Affix a
Recent
Passport Size
Photograph

B. PHARMACY

1. Name of Candidate:

2. Father's Name: Occupation:

Office Address:

Pin Code:

Office Phone No.: Mobile :

E-mail ID:

3. Mother's Name: Occupation:

Office Address:

Pin Code:

Office Phone No.: Mobile :

E-mail ID:

4. Date of Birth (DD/MM/YY): 5. Nationality (Indian / Others):

6. Full Postal Address for Correspondence:

Pin Code:

Phone No. (Resi.): Mobile :

E-mail ID:

7. Permanent Address :

Pin Code:

Phone No. (Resi.): Mobile :

