(Sagar Education Institute Health & Science Society, Kota)



Sr. Sec.

## SAGAR PHARMACY COLLEGE

Pipalda, Teh. Pipalda, Distt. Kota (Raj.)

Mob.: 9414187303 | E-mail: contactspcpiplda@gmail.com

## APPLICATION FOR ADMISSION 2 Year Diploma In Pharmacy Course

Affix Recent Passport Size Photo

Note: This Application is to be filled in by the candidate's own handwriting in English in Block Letters 2- Sex - Male / Female 1- Name in Full: (As Mentioned in 10th Class Mark Sheet) 3- Permanent Address & Contact No. 4- Local Guardian's Address & Contact No. 5- Postal Address for Correspondence: 6- Date of Birth and place Age / DOB / Place 7- Nationality 8- Religion and caste 9- Marital Status Married/ Unmarried/ Widow 10- a) Father's Name 11 a) Mother's Name 12- Category - General / OBC / ST / SC 13 a) Name of the local Guardian b) Occupation c) Address 14 - Educational Qualifications (Copies of Certificates to be enclosed) Class **Board / University** Year of Passing Percentage % **Optional Subjects** Sec.

15- What language can you		Speak	Read	Write
16- Are you Physically Handicapped? If so Mention the Nature of Handicap.				
17- The Following Attested Photo Copy of Documents are to be Attached :				
	1) Sec. Marks Card			
	2) Sr. Sec. Marks Card			
	3) Transfer Certificate of School	ol / Collge		
	4) Character Certificate of Sch	ool / Collge		
	5) Caste Crtificate			
	6) Bonafide Certificate			
	7) Physical Fitness Certificate	Signed by a Medical	Officer	
	8) Two Certificate of Good Con	duct Obtained form th	ne Person who are not	related to you but know you
	for the last two year			
	9) Four Stamp Size Photograph	IS		
	10 Date of Birth Certificate			
	11)Aadhar Card			
	12)Bhamasha Card			
	13)Any Other Certificate			
DECLARATION				
1-	I Mr. / Ms	do h	ereby declare that I am	Unmarried / Married / Widow.
2-	I also do hereby declare that the	statements given abo	ve are true to the best o	f my knowledge and if they are
	found to be false at a later s	tage. I shall be liable to	be terminated form the	e training.
3-	I also hereby promise to abide by will maintain discipline and w	THE PART OF FRANK OF		4/ NOV - 17 - 1722 - 1945
Pla	ace:			
Da	te :			
	Signature of the	Parents/ Guardian		Signature of the Candidate