



Dr. R M L INSTITUTE OF Pharmacy
Kunwarpur Badagaon, Powayan, Shahjahanpur

REGISTRATION FORM

Form No:-

Course.....Session.....Category.....Stream.....

(Fill All Details in Capital Letters)

1. Name of Applicant (As Per High School Certificate)

(In Hindi).....

(In English).....

2. Father's name Mr.....

3. Mother's name

4. Date of birth (As per High School Certificate) (DDMMYYYY).....

5. Gender.....nationality.....Religion.....

6. Permanent Address.....

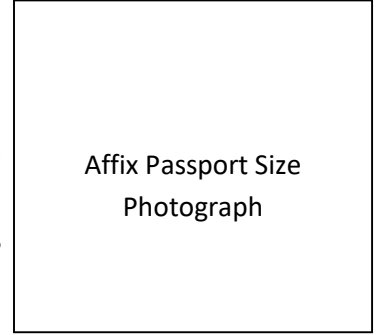
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7. Aadhaar Number.....

8. Contact Number and Email

Applicant Mobile No:.....Email.....

Parent's Mobile No:.....Email.....



9. Details of Examination Passed:

Name of Examination	College	Board/University	Year	Subjects	Marks Obtained	% of Marks
High School						
Intermediate						

10. Correspondence Address **Same as Permanent Address**

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11. School/College last attended.....

DECLARATION

I.....Son/Daughter/Wife of.....
hereby declared that:

1. The information given in this application is correct to the best of my knowledge and belief.
2. I understand that my candidature is liable to be cancelled by the College/Board if any information given above by me is found incorrect or misleading.
3. I shall abide by the rules and regulations of the college/board framed and communicated to me time to time by various channels.

Signature of Applicant

Date

(Signature and name of Parent/Guardian)

Date:.....