



INSTITUTE OF MEDICAL SCIENCES & HEALTH

College of Pharmacy

(As per PCI norms, New Delhi)

Gutwa Toli, Hurhuri, Ratu, Ranchi (Jharkhand)

Contact : 9798080946, 8540960640.

Regular Admission Form

ATTESTED

COLOR

PHOTOGRAPH

Course : D.Pharm Session:

Note: Write all particulars in Dark Blue/ Dark Black Ink.

Date:

Full Name of Candidate:

Aadhar Number:

Mobile:

Father's Name:

Aadhar Number:

Mobile:

Mother's Name:

Aadhar Number:

Mobile:

Identification Mark:

Date of Birth:(DD-MM-YYYY)

Nationality:

Caste : SC/ ST/ OBC/ GEN

Gender: F / M

Examination	Board / University	Year	Subject	Marks Obtained	Total marks	% of Marks
Matric						
Intermediate						
Others						

Permanent Address _____

_____ Dist. _____ State _____ Pin No. _____

Correspondence Address _____

_____ Dist. _____ State _____ Pin No. _____

Hostel Required: Yes ☐ No ☐

Source of Information

Document Enclosed:

Candidate's Signature

** 10th Marksheet & Certificate ☐

** 12th Marksheet & Certificate ☐

Aadhar Card ☐

I have carefully read the information furnished by my son/daughter that it is true and if it is proved that the information is fraudulent, I shall be liable to criminal prosecution.

Date :

Father/ Guardian Signature