



College of Pharmacy

Shivalik Campus, Dehradun

Admission Form B.Pharm

Anti-Ragging Undertaking Reference No



B.Pharm (Bachelor of Pharmacy)

APPLICANT'S DETAILS

Recent
Passport Size
Photograph

Aadhar No.

Name _____

Date of Birth: (DD) _____ (MM) _____ (YYYY) _____

Gender Male ☐ Female ☐ Blood Group _____

Nationality _____ State of Domicile _____

Category ☐ Gen ☐ SC ☐ ST ☐ OBC ☐ BPL ☐ OTHER _____

State from which 10+2 examination was passed _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Father's Annual Income _____

Mother's Annual Income _____

Permanent Address (Full) _____

_____ PIN- _____

Contact No. (Father) _____ Student _____

Student Email _____

Parent's Email _____

Hostel Accommodation Required ☐ Yes ☐ No

Transport Facility Required ☐ Yes ☐ No

APPLICANT'S DETAIL

Examination	Institute	Board/University	Subject(s)	Year of Passing	Total Marks	% Marks
High School Secondary						
Intermediate Senior Secondary						
Graduation						
Any Other, Specify						

Local Guardian (If Any) (Name & Address) _____

Contact _____

DECLARATION BY THE APPLICANT

I will abide by the rules and regulation of Shivalik College of Engineering, Dehradun and as amended from time to time.

Date: _____

Applicant's Signature

Admission Head's