

SACHDEVA COLLEGE OF PHARMACY, GHARUAN

REGISTRATION / ADMISSION FORM

Sr. No.

Name of the Student..... Phone Date.... /.... /....

Father's Name..... Phone

Mother's Name..... Phone

Father's Occupation

Address.....

.....

City.....State.....Pin code.....

Date of Birth.....Email.....

Phone No..... Category: SC ST BC BC Gen

Area of Interest..... Participation Level.....

Recent
Photo

SACHDEVA COLLEGE OF PHARMACY D.PHARMA B.PHARMA M. PHARMA

Hostel Facility opted Yes..... / No.....

Transport Facility opted Yes..... / No..... (Transportation If yes). Mention the place.....

Educational Qualification:

Qualification	Stream	Board/University	Year of Passing	Marks Obtained / Total Marks
10th				
10+2 / Diploma				
Graduation				

Admission Coordinator

Signature of Student

Signature of Father / Mother / Guardian