

OM SADASHIVA

COLLEGE OF PHARMACY

(A Unit of Om Sadashiva Charitable Trust)

Form No. :

 Sagdaha, Jasidih- Kumaitha Stadium Road, Jasidih, Deoghar-814142

 omsadashivacollege@gmail.com  +91 8178461348/7070469755

 www.omsadashivacollegeofpharmacy.com

ADMISSION FORM

Session :	2	0		
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2	0		
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D.PHARM

B.PHARM

Name of the Candidate (in BLOCK LETTERS)

[illegible]

Father's Name (in BLOCK LETTERS)

[illegible]

Mother's Name (in BLOCK LETTERS)

[illegible]

Address for Communication :

[illegible][illegible]Pincode :

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[illegible][illegible]

Permanent Address :

[illegible][illegible]Pincode :

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Emerg. Contact No. :

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Blood Group :

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Date of Birth :

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Gender : Male ☐ Female ☐

Nationality :

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Category : General ☐ OBC ☐ SC ☐ ST ☐

Particulars of H.S. (10+2) or Equivalent Examination (Science Stream) :

[illegible][illegible][illegible]

Passing Year :

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Total Marks Obtained : % of Marks

PHYSICS	CHEMISTRY	MATHEMATICS	BIOLOGY

Total Marks Obtained PCB/M : % of Marks

State Extra Curricular Activities (if any) : (I).

(II).

(III).

Declaration

We hereby declare that the information provided is true to the best of our knowledge believe. The Original Certificate will be produced at the time of admission. In case any information is found to be incorrect, we agree to forego claim for admission. We declare that we have carefully read the prospectus and student handbook and will abide by the rules laid down and therein from time to time at the discretion of the college Governing Council Body.

Signature of Parent/Guardian :

Signature of Student :

Name of Parent/Guardian :

Name of Student :

Date :

Date :

Place:

Place:

Following Certificates should be attached. Original Certificates should be brought with the candidate at the time of admission :

A. Attested Xerox Copies of:

- 1) HSC/10th Board/Equivalent Examination Pass Certificate and Marksheet.
- 2) 10+2/ISC/Equivalent Examination Pass Certificate and Marksheet.
- 3) Four Passport Sized Photograph.
- 4) Self-Attested Government Identity Card (such as Aadhar Card).
- 5) T.C & Migration (Original)

.....X.....X.....X.....X.....

FOR OFFICE USE ONLY

Selected/Not Selected :

Documents Submitted :

Photograph :

Amount Paid :

Date:

(Signature of Principal)