



R. S. PHARMACY COLLEGE

Recognized by PCI, New Delhi & Govt. of Bihar

(A Unit of Buddha Welfare Organization, Gaya-Bihar)

APPLICATION FORM

Course :- _____

For Session. _____

FOR OFFICE USE ONLY

Name of Course _____

Class Roll No. _____

Registration No. _____

Date _____

1. Name of Candidate (In English) _____
(in Hindi) _____

2. Name of Father (In English) _____
(in Hindi) _____

3. Name of Mother (In English) _____
(in Hindi) _____

4. Guardian/Husband's Name (In English) _____
(in Hindi) _____

5. Date of Birth (In Figures) _____
(in words) _____

6. General Information

(a) Category _____ (b) Caste _____

(c) Religion _____ (d) Nationality _____

(e) Religion _____ (f) Medium of Study _____

(g) Aadhar No. _____ (h) Family Income _____

(i) E-mail Address _____

(j) Student Contact No. _____

(k) Guardian Contact No. _____

7. Correspondence Address-

Village/Mohalla _____

P.O. _____ P.S. _____

Dist. _____ State _____

Pin Code _____

8. Permanetn Address

Village/Mohalla _____

P.O. _____ P.S. _____

Dist. _____ State _____

Pin Code _____

9. Details of Education Qualification

Exam	Name of Board/University	Session	Year of Passing	Subject	Full Marks	Obtained Marks	Div.
Matric							
Inter or Equivalent							
Graduation or Equivalent							
Post Graduation or							

10. Method Subject :- (I) _____ (II) _____

11. Details of Previous College

Name of the college with date and year of leaving _____

Registration No. _____

In Case enrolled with other university submit migration certificate :- _____

12. Declaration :

I hereby declare that all the above information are true and correct to the best of my knowledge. I promise to abide by rules & regulations of the college. in case of found quilty or misconduct. I shall be punishable under the act & my name will be removed from the college.

Signature of Candidate