RAO NEKI RAM MEMORIAL (RNRM) COLLEGE OF PHARMACY

Turkapur, Teh. Pataudi, Distt. Gurugram (HR)

ADMISSION FORM

Affix latest coloured photograph of 3.5 cm × 4.5 cm. Do not use staples or Pins

Session : 20__ - 20 __

1. Programme : .....
2. College Roll No. (For office use) ..... Group .....
3. Merit No./Rank No. ..... Caste ..... Category .....
4. Allotment No. ..... Registration No. .....
5. Student's Name (In Capital Letter) (a) : _____
   In Hindi (b) : _____
6. Father's Name (In Capital Letter) (a) : _____
   In Hindi (b) : _____
7. Mother's Name (In Capital Letter) (a) : _____
   In Hindi (b) : _____
8. Sex (Male/Female) : _____
9. Date of Birth (In Figures) (a) : _____
   In Words (b) : _____
10. Domicile (Haryana/Other State) : _____
11. (a) Permanent Address :

    _____
    _____
    _____
    _____
    _____ Pin Code _____
    Phone No. : _____

    (b) Mailing Address :

    _____
    _____
    _____
    _____
    _____ Pin Code _____
    Phone No. _____

12. **Educational Qualification :-**

Examination Passed	Board / University	Month & Year	Roll No.	Marks Obt. / Max. Marks	%age of Marks
Secondary					
Sr. Secondary (Science)					
Any other Examination					

Declaration :

I hereby solemnly affirm and declare that the admission form has been filled by me in my own handwriting and the information given there in is correct. I further declare that I have not concealed any information, I am eligible for the admission as per rules and regulation as per admission counselling body. If I fail to provide proof of my eligibility my candidature shall stand cancelled and I will have no claim against the admission counselling body & College at any stage.

Guardian's Signature

Candidate's Signature