

G.V.M. COLLEGE OF PHARMACY (For Girls Only)

Murthal Road, Sonipat – 131001 (Haryana)

www.gvmpharmacy.org

(Approved by PCI and Affiliated with Pt. B.D. Sharma University of Health Sciences, Rohtak)

ADMISSION-CUM-REGISTRATION FORM FOR THE SESSION 2023-24

Course (Please Tick)

B.Pharm

B.Pharm (LEET)

Please paste
your recent
passport size
Photo here

Full Name of Candidate :

Date of Birth (DD/MM/YYYY) : Gender (M/F) : Nationality :

Religion :

Caste (SC/ST/BC(A)/BC(B)/Gen.) :

Marital Status of Candidate : Mobile No.: E- mail :

Father's Name : Father's Occupation :

Occupation Address. Mobile No.:

Mother's Name : Mother's Occupation :

Occupation Address.

...Mobile No. :

Monthly Income

Permanent Address

..... State _____ Pin Code _____

Correspondence Address

..... State _____ Pin Code _____

E-mail _____

Telephone & Mobile No. (RES.) _____ Aadhar Card No. (STUDENT) _____

Educational Qualification : -

Sr. NO.	Name of the Examination	Year	Board / University	Subjects	Total Marks	Marks Obtained
1						
2						
3						

Documents Enclosed : (Please Tick)

- 10th Marksheet & Certificate
- Migration Certificate
- Character Certificate
- Caste Certificate
- Aadhar Card
- 12th Marksheet & Certificate
- Medical Fitness Certificate
- Domicile
- Gap Certificate (if any)

Transport Facility/ Hostel Facility (Please Tick)

ACADEMIC RECORD:-

Academic Distinctions/Awards, if any: -

Extra Curricular Activities & Achievements: -

HOBBIES : - _____

DECLARATION :-

I hereby declare that the entries made by me in this application form are true in all respect. I have carefully read the admission eligibility requirements and state that my candidature is liable to be cancelled if found ineligible for admission at any stage.

Date

Student Signature

Father / Guardian Signature

FOR OFFICE USE ONLY

Ref by :

Admission Incharge

Principal's Signature