



FIRST YEAR D. PHARMACY ADMISSION FORM 2023-24

CAP Application ID	Enrollment No.	G.R. No.	Roll No.

----- FOR OFFICE USE ONLY -----

To,
The Principal
Shri HRS Education Institute

Sir,
I hereby submit my application for admission. My details are given below,

AFFIX
A RECENT
PASSPORT
SIZE
COLOUR
PHOTOGRAPH

FULL NAME : _____
SURNAME : _____
FIRST NAME : _____
MIDDLE NAME : _____

GENDER : Male Female

ADDRESS : A/P _____
TAL _____
DISTRICT _____
PIN _____

AADHAR NO. : _____

CONTACT NO. (Landline) : _____

Student Mobile No. : _____

Parents Mobile No. : _____

EMAIL ID : _____

RELIGION : _____ CASTE : _____

CATEGORY : OPEN SC ST OBC NT SBC

DATE OF BIRTH : _____

NATIONALITY : _____

MARITAL STATUS : MARRIED UNMARRIED

HEIGHT/WEIGHT : _____ BLOOD GROUP : _____

DOMICILE OF STUDENT : _____

PARENTS/GUARDIAN DETAILS

FATHER'S NAME : _____
MOTHERS NAME : _____
GUARDIAN NAME : _____
RELATION WITH GUARDIAN (IF ANY) : _____
SON/DAUGHTER NO. : _____
OCCUPATION OF PARENTS : _____
ADDRESS : _____
CONTACT NO. (GUARDIAN) : _____
ANNUAL INCOME : 0-1 Lakh 2-4 Lakh 4-6 Lakh
 6-8 Lakh Above 8 Lakh

EXAM RECORD

S.No.	Exam	Name of School/College	Board	Year	Seat No.	Marks Obtained		%	Grade
01	SSC								
02	HSC								

PREVIOUS EXAM RECORD

Subject	Marks Obtained	PCB TOTAL	PCB %	PCM TOTAL	PCM %	MERIT NO.
Physics						
Chemistry						
Biology						
Mathematics						
English						

UNDERTAKING

I/We hereby certify that the information is correct to the best of my/our knowledge and belief. I/We fully understand that if any information is found to be false/incorrect, the admission of my/our ward will stand cancelled. I/We also understand that the application for registration does not guarantee admission to my/our ward. If my/our son/daughter is selected for admission, we hereby agree and give consent to abide by the rules regulations of Pharmacy College as applicable now and amended from time to time.

Date :

Parents Name & Sign

Student Name & Sign