PCI CODE - 7681 BTEUP CODE - 3068

JAMUNADEVI NARESHCHANDRA MAHAVIDHYALAYA COLLEGE OF PHARMACY

KONCH ROAD ,ORAI (JALAUN) 285001

WWW.JNPHARMACYCOLLEGE.ORG

D.PHARMA ADMISSION FORM

Academic Year: _____

Paste your Photograph here

A. PERSONAL INFORMATION

Student Name : _____

नाम (हिंदी में) : _____

Date of Birth : _____

Place of Birth : _____

Gender : _____

Caste Category : _____

Sub Caste : _____

Religion : _____

B. FAMILY INFORMATION

Father's Name : _____

Occupation : _____

Contact Number : _____

Mother's Name : _____

Occupation : _____

Contact Number : _____

C. ACADEMIC BACKGROUND

Previous School Name : _____

School Address : _____

Class Completed : _____

Division / Persentage : _____

D. MEDICAL INFORMATION

Does the student have any allergies? □ Yes □ No

If yes, please specify: _____

Does the student have any medical conditions? □ Yes □ No

If yes, please specify: _____

E. Communication

Aadhar Card Number : _____

Student Mobile No. : _____

Aadhar Reg.Mobile No : _____

E-mail Id : _____

Permanent Address : _____

_____

Correspondence Add. : _____

_____

F. REQUIRED DOCUMENTS

Please provide the following documents along with this application form:

□ 10th Marksheet & Certificate (copy)

□ 12th Marksheet & Certificate (copy)

□ JEECUP Entrance Form

□ JEECUP Score Card & Counselling Letter

□ D.Pharma Allotment Letter

□ Aadhar Card (copy)

□ College Transfer Certificate

□ Character Certificate

□ Medical Fitness Certificate

□ 4 Latest Passport size Photographs

DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Student Signature

Date: _____