



SWADHIN PHARMACY COLLEGE

(Run Under SWADHIN)

Approved by Pharmacy Council of India (PCI-8400)

Address: Vill- Tararpur, Muluk, Bolpur, Dist.- Birbhum, West Bengal- 731204

APPLICATION FORM FOR ADMISSION IN THE ACADEMIC SESSION: - 20..... - 20.....
(USE BLOCK LETTERS ONLY)

Form No. _____

DATE OF ADMISSION: - / /20__

Name of Course Applied For: D.PHARM.

Mode of Admission: Counseling Management Direct/Decentralised



1. Name of the Candidate :
2. Father's / Guardian's Name :
3. Mother's Name :
4. Date of Birth :
5. Blood Group :
6. Gender : 7. Religion:
8. Caste /Category :
9. Identification Marks:
10. Marital Status :
11. Address :
12. Aadhaar No. :
13. E-mail ID (Student's):
14. Contact No. (Student's) :
15. Father's / Guardian's occupation:
16. Contact No. (Guardian's) :
17. Cultural Activity /Extra Activities : YES / NO
18. Whatsapp No. (Student's) :

Educational Qualification Details :

19 . Details of Qualification of 10th/Madhyamik/Equivalent Exam:

Board from where passed Madhyamik/Equivalent Exam: _____ Year of Passing _____
 School name: _____
 School District: _____ Reg. No.: _____ Roll No.: _____

Marks Subject Wise							Marks Obtained	Total Marks	Percentage
First Language	Second Language	Mathematics	Phy. Science	Life Science	History	Geography			

20 . Details of Qualification of 12th/Higher Secondary/Equivalent Exam:

Board from where passed Higher Secondary/Equivalent Exam: _____ Year of Passing _____
 School name: _____
 School District: _____ Reg. No.: _____ Roll No.: _____

Marks Subject Wise						Marks Obtained	Total Marks	Percentage
BENG/HIN	ENG	PHY	CHEM	MATH	BIOS			

DECLARATION

I do hereby declare that all the above statements given by me are true to the best of my knowledge and belief. I am fully aware of the terms and condition of the institute and hereby promised to abide all the rules and regulation of the Institute, WBSCT & VE & SD and PCI. If there is any false statement, my candidature for admission is liable to be rejected. I have no objection if Institute call & sends any message in my mobile phone number regarding college affairs.

Full Signature of the Candidate

Full Signature of the Guardian

RECEIPT FOR APPLICATION

SWADHIN PHARMACY COLLEGE

FORM NO. :

Name of the Applicant: _____ Department: _____ Year: _____

Enclosures: Attested copies of Secondary Admit Card, Mark sheet & Certificate, Higher Secondary Admit Card, Mark sheet & Certificate, Caste Certificate (if any), Transfer/Migration certificate Original ID proof (Aadhaar Card), Domicile/Residential Certificate, Four copies of recent passport size Colour Photo.

Signature of the receiving authority with seal