

# **JHANKAR COLLEGE OF PHARMACY**

**BABRA BAKIPUR, DIST-GURGAON (HARYANA)**

**ADMISSION FOIL NO.**

**Session 2024-2025**

Affixed recent pass port  
size colored photo

1.	Program Diploma in Pharmacy	Diploma in Pharmacy
2.	College Roll No.(For office use)	Group:
3.	Merit No/Rank No.	Cast: _____ Category: Gen/BC 'A' 'B' /OBC/
4.	Admission No:	Registration No:
5.	Students Name (in Capital letter) Hindi/English Language	
6.	Father's Name (in Capital letter) Hindi/English Language	
7.	Mother's Name (in Capital letter) Hindi/English Language	
8.	Sex (Male/Female)	
9.	Date of Birth (In figures)	(a)
	In Words	(b)
10.	Domicile (Haryana/Other States)	Yes/No
11.	Marital status	Married/Unmarried if married name of spouse _____
12.	Total Income per year (Attached income certificate/Affidavit) if EWS/TFW category	Rs.
13.	Parivar Pechan Patra only for Haryana Residence	: No.
14.	Aadhar Card and PAN Card No.	Aadhar No. _____ PAN No. _____

15.	(a) Permanent Full Address	(b) In Mailing Full Address
	Village	Village
	Tehsil	Tehsil
	District	District

	State	State
	Pin Code	Pin Code
	Mobile No.	Mobile No.
	Email id.	Email id.

16. Education Qualification

Exam Passed	Board/ University	Passing year and month	Roll No.	Name of school Private/Govt.	Marks Obt./ Max. Marks	%age
10 <sup>th</sup>					Total= Obtained=	
12 <sup>th</sup> with Eng/Phy/ Chem/ Math/Bio					Total= Obtained=	

**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 of the DTE Haryana, HSBTE & College. If I fail to provide proof of my eligibility my candidature shall stand cancelled and I will have not claim against the DTE Haryana HSBTE & College.

(Guardian Signature)

(Candidate Signature)

**ADMISSION COMMITTEE:-**

This is to certify that the document in respect of the above named student has been checked/verified by me and is applicable for admission in Diploma in Pharmacy Course.

Checked by: \_\_\_\_\_

Verified by: \_\_\_\_\_

Dated:

Dated:

**COUNTERSIGNED BY THE PRINCIPAL**