



# KALAWATI COLLEGE OF PHARMACY GORHA, (KASGANJ) -207123

**Application for - Diploma in Pharmacy**

**Session.....**

1. Name of Student.....
2. Date of Birth.....Age in years.....
3. Gender.....Blood Group.....
4. Sub Cast.....Category.....
5. Religion.....Mail Id.....
6. Contact No. Student
7. Student Aadhar Card No.
8. Father's Name.....
9. Father's Occupation.....
10. Contact No. Father
11. Father's Aadhar card No.
12. Mother's Name.....
13. Mother's Occupation.....
14. Contact No. Mother
15. Mother's Aadhar Card No.
16. LocalAddress.....
17. PermanentAddress.....

Affix  
Passport Size  
Photograph

Education	Board/University	Year of Passing	Percentage	Subject
10 <sup>th</sup>				
12 <sup>th</sup>				
Other				

Date.....

Signature of Guardian/Parents

Signature of Candidate