

G.V.M.GIRLS COLLEGE OF PHARMACY, SONEPAT

(Approved by AICTE, PCI and Affiliated to Pt. B.D. Sharma University of Health Sciences, Rohtak),
HSBTE Panchkula

REGISTRATION FORM 2014-15

PARTICULARS OF STUDENTS

Please fill in the columns legibly and neatly

1. Name of the Candidate
(IN BLOCK LETTER)

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2. Father's Name
(IN BLOCK LETTER)

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3. Mother's Name
(IN BLOCK LETTER)

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4. D.O.B.

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5. Nationality

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6. State to which you belong _____

7. Mailing Address

City _____ State _____

Contact No. (Res.) (With STD Code) _____ Mobile No. _____

8. Permanent Address

City _____ State _____

Phone No. (With STD Code) _____ Mobile No. _____

9. Father's Guardian's Occupation..... Monthly Income



10. Whether Category GEN/ SC/ BC/ ESM

10. Particulars of Qualification

Sr. NO.	Name of the Examination	Year	Board / University	Subjects	Total Marks	Marks Obtained
1	Metric					
2	10+2					
3						
4						

11. To deposit Registration Fee of Rs. 5000/- the following means can be adopted.

(i) For online Banking, the details are

a. Name of Bank:- STATE BANK OF BIKANER AND JAIPUR

b. Ac No. :- 51027800383

c. IFSC:- SBBJ0010593

(ii) DD or Cheque should be drawn in favor of “Principal, GVM College of Pharmacy”, Sonapat

(iii) Date of depositing Fee.

(iv) DD / cheque No.

(if applicable)

I hereby declare that the entries made by me in this application form are true in all respect.

I note that my admission to B.Pharm/ LEET/ D.Pharm course will be provisional subject to its approval by Pt. B.D. Sharma University of Health Sciences, Rohtak/ HSBTE. I shall abide by the rules of discipline and proper conduct, which may be framed by the university in this regard from time to time.

Date : _____

Place : _____

Note: Please send it back on gympharmacy@yahoo.com