

Reg. No. \_\_\_\_\_ (for official use only)

Date: \_\_\_\_\_

# Himachal Pharmacy College

Majhauri, Teh. Nalagarh, Distt. Solan (H.P) Phone. +91- 62303-04421

Approved by: AICTE, PCI (New Delhi)

Affiliated to: Himachal Pradesh Technical University Hamirpur (H.P)

(A State Government University)

## ADMISSION FORM

Name of Student:

Father's Name:

Mother's Name:

Date of Birth:

Gender:  Male  Female

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Category: \_\_\_\_\_ Course: \_\_\_\_\_

Permanent Address:

Pin: \_\_\_\_\_ Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail: \_\_\_\_\_

Aadhaar No.

S. No.	Class	Roll No.	Total Marks Obtained	% of Marks	Year of Passing	Name of Institution & Place	Name of the Board
1.	10 <sup>th</sup>						
2.	12 <sup>th</sup>						
3.	Diploma						