



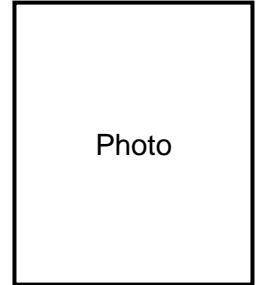
DIVINE
College of Medical Sciences

DIVINE COLLEGE OF PHARMACY

Shyampur, Haridwar - 249408 (Uttarakhand)

REGISTRATION FORM (2024-25)

(FILL THE FORM IN CAPITAL LETTERS ONLY)



Course Applied For: D.Pharma

1. Management Counselling
2. Hosteller Day Scholar

3. Name of the Applicant: _____
(As per High School Certificate)

4. Father's/Husband's Name: _____ Occupation: _____

5. Mother's Name: _____ Occupation: _____

6. Family Annual Income: _____

7. Category: SC ST OBC General

8. Aadhaar Card No.: _____

9. Date of Birth (in digits) _____ Day _____ Month _____ Year

10. Marital Status: Married Unmarried

11. Permanent Address: _____

12. Student's Contact No.: _____

13. Father's Contact No.: _____ Mother's Contact No.: _____

14. Email: _____

15. Postal Address: _____

16. Education Qualification {Attach photo copies of essential certificates}

S.No.	Examination	Year	Board/University	Subjects	Obt. Marks	Max Marks	Division with %

Note: Attach six passport size photographs and attested photo copies of all the marks sheet & certificates (two sets)

Declaration:

I _____ S/O, D/O, W/O _____
Hereby solemnly affirm and declare that all the declaration and above mentioned details are true and belief of my knowledge. If any statement or detail would be here, I would be solely responsible for it and my application can be cancelled by institution. I would have no objection at all.

Date: _____

Applicant's Signature