

# Jamui College of Pharmacy

Affiliated Through PCI Govt. of India, New Delhi  
Khairma, Jamui (Bihar)



## APPLICATION FORM

(Application must be filled by the Candidate)

Session :- Aug. 20.....to July 20.....

1. Name																					
2. Father's Name																					
3. Mother's Name																					
4. Date of Birth																					
5. Category	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>	General	<input type="checkbox"/>													
6. Height (cm)					7. Weight (Kg.)																
8. Qualification																					
9. Religion																					
10. Present Address																					
11. Permanent Address																					
12. Permanent Address	(a) Phone No.....	(b) Mobile No.....																			
	(c) Mobile No.....	(d) Email : .....																			
13. CHOICE OF TRADE :																					
14. Adhar Card No. :																					
15. List of Documents																					
1. Xerox copy of.....																					
2. Xerox copy of.....																					
3. Xerox copy of.....																					
4. Xerox copy of.....																					

I certify that all information on this applications in correct, and I realize that false of incomplete information will result in dismissal from the Institution.

Signature of Guardian

Date of Issue : .....

Signature of Student

Diary No.....Receipt No.....  
Date of Admission.....