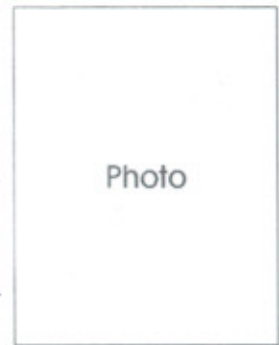


M.C.E. Society's
ALLANA COLLEGE OF PHARMACY

(Application Form For F.Y. B. Pharm. / Direct Second Year B. Pharm / M. Pharm / Ph.D)

Application No :

Date :



1. Name of the applicant _____
(in block letters) as in X Std. Marks Card

2. Sex _____

3. Place Date of Birth _____

4. (i) Nationality _____

(ii) Religion _____

5. Father's Name _____

Mother's Name _____

6. Occupation of Father _____

Occupation of Mother _____

Annual Income of the Father _____

Annual Income of the Mother _____

7. Address of the Candidate

Local _____

E-mail Id of Candidate _____

E-mail Id of Mother _____

E-mail Id of Farther _____

Pin code _____

Phone : Res. with STD Code _____

Permanent _____

Mobile : (Candidate) _____

Mobile : (Mother) _____

Mobile : (Farther) _____

Pin code _____

8. Name and Place of Institution studied previously _____

Xerox of Marksheets and Certificate to be enclosed

| Examination Passed | Board | Name of the college / Institute | Marks Obtained | | | |
|--------------------|-------|---------------------------------|-----------------|--------|---------------|--------|
| | | | PCB / PCM Marks | Out of | Overall Marks | Out of |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

11. Class to which the Candidate is seeking admission :

First Year B. Pharm

Direct Second Year B Pharm.

Place :

Date :

Signature of the student

The particulars furnished by the applicant are true best of my knowledge.

Place :

Date :

Signature of the Parent / Guardian

UNDERTAKING BY PARENTS

I, the undersigned parents of, here by agree and undertake that my ward will follow all the the rules and regulations of the college and the college has full authority to take disciplinary action against him / she violate the rules of college.

Contact No.

E-mail I.D.

Signature of Parents / Guardian

For Office Use

Verified by

Dated

Form Fees Collected Rs.:

Receipt No.

Dated

Signature Admission Clerk

Signature Accountant

Date

Signature Principal