

Enrollment No. ....

Registration No. ....

# Saraswathi College of Pharmacy



Sr. No. : .....

NH-9, Anwarpur, Pilkhuwa, Hapur- 245304 U.P India.

### ADMISSION FORM

(To be Filled by the Applicant)

Session 20.....20.....

Course applied for.....

- Name (in English).....  
(as per 10<sup>th</sup> marksheets) (In Block Letters)  
Name (in Hindi).....  
(Which will be printed in the Degree)
- Date Of Birth: (DD/MM/YYYY)
- Gender (Male/Female)  Domicile.....
- Mobile. No. .... Tel. No. (R) ( With STD code).....
- E-mail ID.....
- Category (Gen./SC/ST/OBC/ SBC/EBC/PH/MINORITY)
- Nationality.....
- Father's Name..... Mobile. No. ....
- Mother's Name..... Mobile. No. ....
- Permanent address.....  
..... District..... State..... Pin Code.....
- Correspondence Address.....
- Marital status: Married  ied  gue..... Blood group.....
- Educational Qualification:

S.No.	Name of the Exam Passed	Year of Passing	Name of the Board/University Inst	Name of the School/ Inst.	Max. Marks	Obtained Marks	%age	Div.	Subject / Stream	Medium Of Education

- Name of Local Guardian..... Relationship.....
- Address.....  
..... District..... State..... Pin Code.....  
Mobile. No. .... Tel. No. (With STD code)..... E-Mail.....
- Any Gap in studies: Yes / No,  ied.....  
Reason.....
- Details of Entrance Examination, (if any) :- Name of Exam .....  
Roll No. .... Merit/Marks..... Month & Year of Exam.....

18. The Source by which you came to know about the SCOP : SCOP Website    
 Other Website  PaperAdvt. Name & .....  
 Our Students  Alumni Our Staff  Friends & Relatives Hoardings
19. Academic/ Sports Achievements (if any) .....
20. Activity Group Interested : Cultural  Academic Technical s Literary

a. Father's Name: ..... Mobile No. ....

b. Occupation ..... (Govt./Pvt.Job/ Self Employed/Business/Army/Farmer/Professional)

c. Designation..... Nature of Business/Profession.....

d. Name of Deptt/Firm.....

e. Address..... City..... State.....

f. Office Tel. No. (with STD Code)..... Fax No.....

g. Mother's Name..... Mobile No. ....

h. Occupation.....: (Govt./Pvt.Job/ Self Employed/Business/Army/Professional/Housewife)

i. Designation..... Nature of Business/Profession.....

j. Name of Deptt/Firm.....

k. Address..... City..... State.....

l. Office Tel. No. (with STD Code) .....Fax No. ....

m. Name of Brother/Sister (1)..... (2) .....

n. Occupation (1)..... (2).....

o. If student, class/course .....Year/Sem , .....

p. Name of School/College/Univ. .... Place .....

**Signature of the Parent**

**Signature of the Student**  
**Place** .....  
**Date** .....