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Affix
Photo

APPLICATION FORM

NAME OF THE CANDIDATE			
DATE OF BIRTH & AGE		[TICK]	[TICK]
GENDER	MALE		FEMALE
CASTE	GENERAL/OBC		SC/ST
COURSE APPLIED FOR	B.PHARMACY		D.PHARMACY
QUALIFICATION	STREAM		NAME OF THE STATE BOARD
10+2/HIGHER SECONDARY	PCB		YEAR
	PCM		
	PCBIO-TECH		
PERMANENT RESIDENTIAL ADDRESS OF THE CANDIDATE			
SUBMISSION OF DOCUMENTS		[TICK]	[TICK]
AADHAR CARD			CASTE CERTIFICATE
10 th MARK SHEET & CERTIFICATE			INCOME CERTIFICATE
12 th MARK SHEET & CERTIFICATE			
CONTACT CERTIFICATE			
TRANSFER /MIGRATION CERTIFICATE			
DOMICILE CERTIFICATE			
STD CODE		PHONE NUMBER	
MOBILE NUMBER			
E-MAIL ADDRESS			
SIGNATURE OF THE CANDIDATE WITH DATE			