Form No. .....

166

INDIAN COLLEGE OF PHARMACY

(Approved by Health Department Govt. of Jharkhand & Govt. of India, PCI New Delhi)

Affiliated to Diploma in Pharmacy Examination Committee, Ranchi

Near Bisfuta Chowk, Behind Petrol Pump, Turuk Taleya, Medininagar, Palamu (Jh.)

For Office Use Only

Verified by Office Assistant

ADMISSION FORM

Current Passport Size Colour Photo of Candidate with Signature

Name of Course..... Session : 20.....-20.....

Please fill in the application form carefully with ball pen in Capital letters.

1. Name of the Candidate (In English): In capital letters & as per Matriculation Certificate

2. Name of the Candidate (In Hindi) : _____

3. Father's Name:

4. Mother's Name:

5. Name of the Guardian/Husband :

6. Date of Birth ☐☐ ☐☐ ☐☐☐☐

7. Category : Gen ☐ OBC ☐ SC ☐ ST ☐

8. Sex : Male ☐ Female ☐ 9. Marital Status: Married ☐ Unmarried ☐

10. Nationality : _____ 11. Religion _____

12. ID No. (Voter ID/ Aadhaar/Pan) : _____

13. Domicile : Jharkhand ☐ Other State ☐

14. Correspondence Address

Distt. ☐ State ☐ Pin Code ☐

15. Permanent Address (If different from the above)

Distt. ☐ State ☐ Pin Code ☐

16. Candidate Contact Number ☐ ☐

17. Candidate WhatsApp No. ☐

18. E-Mail: _____

19. Guardian/Husband Contact Number ☐ ☐

Form No. : 166 Receipt *(For Official Use Only)* Student's Copy

Name..... S/O-.....

Course Applied for ....., Session ..... Date.....

Signature