

SWAMI DAYANAND COLLEGE OF PHARMACY

Lehra Bega, Bathinda - Barnala Road (Bhucho Mandi) Bathinda

ADMISSION FORM

S. No.:-----

Name:.....

Father's Name:.....

Mother's Name:.....

Sex (Male/Female):.....

Date of Birth:..... Category

Punjab Resi./Others:..... Religion.....

Address for Correspondence:.....

Village..... P.O:.....

Distt:..... State:.....

Pin Code..... Phone/Mobile No.....

Affix latest Passport
size photograph in
the box

Educational Qualification:

Examination Passed	Board/ University	Month & Year	Reg. No.	Subject Studied	Marks Obt/ Max. Marks	% age
Matric						
Senior Secondary						
Graduation or any Equ. Qualification						
Any Other						

DECLARATION:

I hereby solemnly affirm and declare that information given in the admission form is correct and true to the best of my knowledge and belief. I further declare that I have not concealed any information and eligible for admission as per eligibility conditions of AICTE & PCI, New Delhi and policy declared in the prospectus issued by Punjab State Board of Technical Education and Industrial Training, Chandigarh on behalf of Punjab Govt. If at any stage any information provided/given by me is found false and incorrect my admission in the Diploma in Pharmacy course shall stands cancelled and legal proceedings may initiated against me as per the court of law.

Signature of Student

Date:

For Office Use Only

Checked By:

**Signature with seal of
Principal/Chairman**