

Fill up all the details in the capital letters only

Fresh Registration

Transfer

Degree Add.

College State : _____

College Name : _____

Qualification : D.Pharm B.Pharm Pharm D / Pharm D (PB) M.Pharm

Final Year Seat No. : _____

College Joining Date : ____ / ____ / ____ Passed Date : ____ / ____ / ____

Name : _____

(Surname) (First Name) (Last Name)

Birth Date : ____ / ____ / ____ Birth Place : _____

Gender : Male Female Nationality : _____

Blood Group : _____ Religion : _____

Category : _____ (SC / ST / OBC/SEBC / General)

SSC Passed Year : ____ / ____ (mm/yyyy)

SSC School Name : _____

SSC Board : _____

HSC Passed Year : ____ / ____ (mm/yyyy)

HSC School Name : _____

HSC Board : _____

Locality : Urban Rural

Resi. Address : _____

City: _____ State: _____ Pincode: _____

Phone No. : _____ Mobile No. : _____

E-mail ID : _____

Aadhar Card No : _____