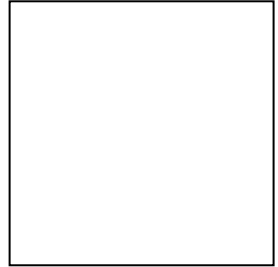


**PACIFIC COLLEGE OF PHARMACY**  
 'Pacific Hills' Pratapnagar Ext. Airport Road, Debari, Udaipur-313003

Web Site: [www.pcpharmacy.org](http://www.pcpharmacy.org)  
 E- Mail: pcpharmacy@rediffmail.com  
 Phone: 0294-2494508 Fax: 0294-2494509

**ADMISSION FORM**  
**SESSION -20 -20**



M.Pharm  
 Branch.....GPAT.....

**Personal Information:**

Name.....S/o, D/o.....

Date of Birth.....Category: Gen/SC/ST/OBC/Handicapped/Others

Father's Name.....Mother's Name.....

Occupation.....Official Designation.....

Permanent Address.....

.....

.....Tel.....Mobile.....

Local Address.....

.....

.....Tel.....Mobile.....

**Educational Qualification:**

Examination	Name of the College	Board/University	Year	Percentage/ Grade

Name and address of two reputed persons who can vouch for your competence and character.

1.....

2.....

Phone.....

Phone.....

Signature.....

Signature.....

**Declaration:**

I hereby attest that all the information provided here is true. I acknowledge that I have read and understood all the rules and regulation of the institute and shall abide by them. I further declare that neither any court/police enquiry is pending against me nor I was ever found guilty of anything including indiscipline. In case my activities/conduct is found contrary to the norms of Pacific college of Pharmacy. I may please be expelled without any enquiry or notice.

Signature of Parent's/Guardian

Student's Signature

Date.....

**Attach attested photocopies of each of the following:**

1. Certificate & Mark sheet of Sec. School Exam.
2. Certificate & Mark sheet of Sr. Sec .School Exam.
3. Transfer Certificate
4. Migration Certificate
5. Certificate of category (SC/ST/OBC/Handicapped/Others)
6. Mark sheet of B.Pharm Part-I, II, III, IV

Fee Receipt No.....Date.....  
 Hostler / Day Scholar.....  
 Hostel Fee Receipt No.....Date.....