KRITIKA PHARMACY COLLEGE, KHAIKHEDA, NEAR RITHORA, PILIBHIT ROAD, BAREILLY

ADMISSION FORM

			7121111001011						
Eo	ırm No								
	orm No ame of Course								
1.	NAME OF THE CANDIDATE (as per High School or Equivalent Certificate)								
2.	Father's Name Shri								
3.	Mother's Name Smt								
4.	Date of Birth 5. Sex M/F								
	(As per High So	chool or Equivalen	t Certificate)						
6.	COMPLETE MA	AILING ADDRESS	7. P	ERMANENT A	DDRESS				
	PIN Phone								
				obile No					
	Email:								
8.	Belongs to: - Ca	ste- GEN/OBC/SC/	ST/MINORITY				-		
	(Certificate mus	t be attached)							
9.	Category- PH/FI	F/HA/DE							
	Name of State 11. Nationality Entrance Exam. Qualified – UPCET/JEECUP (If others please specify)								
12.	Entrance Exam.	Qualified – UPCET	/JEECUP (If others	please specify	()				
	Rank			Roll No					
	(Enclose photo	ocopy as proof)							
12 D	•	minations passed,	/annoared						
F	Examination	Board/	School/college	Year of	Total %	Subject	Medium of		
							Tr.J 42		

Examination	Board/	School/college	Year of	Total %	Subject	Medium of
	University		Passing	marks		Education
				obtained		English/Hindi
High school/10 th						
or equivalent						
Intermediate/10+2 or equivalent						
Any Other						

Kindly enclose certified photocopies of Mark sheet/ Certificate.

DECLARATION

Mr. /Mrs	
S/o / D/o /W/o Shri	
Hereby solemnly affirm that: -	
 I have carefully read the information Bulletin there in. 	and agree to abide by the terms and conditions laid down
	t and in case any of the information is found incorrect at any of the college and will not claim of any fees refund.
3. I agree that my admission will be made only for	or the course applied subject to the fulfillment of eligibility.
(Signature of the Parent/Guardian)	(Signature of the Candidate)
Name	Name
Date	Date
Admission Incharge Verification	Director Signature