

GREEN VALLEY COLLEGE OF PHARMACY

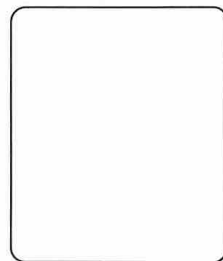
(Run by Shivalik Research & Medical Education Society)

Exchange Colony, Pulwama-192301 (J&K)

Recognized by:- Pharmacy Council of India PCI-5247
and State Paramedical Council (J&K)

Ph. No.: 94170 69175, 70515 54555

Email: greenvalley5247@gmail.com



Admission Form

D PHARMACY- ☐ **YEAR:**

1. Name of the Applicant : _____

2. Date of Birth : _____ Gender : Male ☐ Female ☐

3. Place of Birth _____ Nationality : _____

4. Aadhaar No.: _____

5. Name of the Father/Guardian : _____

6. Name of the Mother/Guardian : _____

7. Occupation of the Father/Guardian : _____

8. Annual Income the Father/Guardian : _____

9. Address of the Student (Local) : _____

10. Address of the Student (Permanent) : _____

11. Mobile No. Student : _____ Mobile No. Father/Guardian : _____

12. Email ID of Student : _____

13. Photostat Copy of Marks Card to be attached Yes ☐ No ☐ Month and year of Passing _____

SUBJECT	Marks Obtained	Maximum Marks	Percentage of Marks
Physics			
Chemistry			
Mathematics			
Biology			

Percentage of PCM: Percentage of PCB: Over all Percentage of 12th Std.:

I promise to abide by the rules, regulation and orders of the college, its Authorities and Office. I will accept the decision of the Principal / Chairman in all matters of discipline as final. I accept to pay the fees of Remaining Years. If at all i cancel the seat due to any reason. I will attend the class regularly and I know 75 % attendance is must.

Date:

Signature of the Applicant

I have read the prospectus of the college. I accept and agree to the applicant's admission in the D Pharmacy. I shall be responsible for the payment of all his/her fees and any other charges within the specified date. I shall also be responsible for his/her conduct and good 'behavior during the period of his/her college career. I will accept the decision of the Principal/Management in all matters of my ward as final. If at all we cancel the seat due to any reason. I give undertaking that we will pay the remaining years fees. He will attend the class regularly and we know 75 % attendance is must.

Date:

Signature of the Parent/Guardian

CHECKLIST FOR DOCUMENT ENCLOSURE ALONG

- | | |
|---|------------------------------------|
| 1) 10th Marks Card, DOB (Original) | 4) Passport Size Photo 8 Nos.) |
| 2) 12th Marks Card/Equivalence (Original) | 5) Domicile Certificate (Original) |
| 3) Aadhaar Card Copy | |

For Office use only

Admitted to :

Date :

Fee Collected Rs :

Principal :

Receipt No. :

Date :

Principal

Accountant