



# MAHARAJA AGGARSAIN COLLEGE OF PHARMACY

Fix passport size coloured photograph here.

Please fill in BLOCK LETTERS

## ADMISSION FORM

Course Applied For \_\_\_\_\_

Name Mr. / Ms.

Father's Name

Mother's Name

Date of Birth :         Nationality

Caste Category : General  OBC  SC  ST  PH  NA

Marital Status : \_\_\_\_\_ Blood Group \_\_\_\_\_ Gender : Male  Female

Address \_\_\_\_\_

Pincode  State

Mobile No. 1  Mobile No. 2

Email ID:

Aadhar No.:

If you don't have Aadhar Card, mention Voter/DL/Pass Port No.

Pre Training Status :  Fresher  Experienced  Years of Experience

Examination Passed (Year)	Board/University	Name of School/College	% Marks	Subjects

Please submit self attested copies of the following along with your application:

- 1 Copies of educational certificates
- 2 Proof of current & permanent residence.
- 3 4 coloured passport size photographs.
- 4 ID Proof : PAN Card/Voter ID Card / Aadhar Card/ Driving Licence.

.....  
Parent's Signature

.....  
Candidate Signature