

GLOBAL COLLEGE OF PHARMACY

#60/2, Bendaganahalli(V), Huskur Main Road, Mandur(P), Bengaluru - 560 049. Mob: 9491091927, Email: globalcollegeofpharmacy09@gmaill.com

APPLICATION FOR ADMISSION TO D.PHARM COURSE

ngaluru - 5600	•	•	rticulars in Ca	pital Letters O	inly)		
1. NAME OF T	HE APPLICA	NI:					
2. NAME OF T	HE PARENT	/ GUARDIAN					
3. ADDRESS :							
S T D C	O D E		P H	N E			
5. DATE OF BIRTH							
6. SEX							
7. Nationality Religion Caste							
8. QUALIFICA	TION 10+2/P	UC Science (PCMB)				
Examination Passed	Name of the Board	Year of Passing	Physic	Chemistry	Maths	Biology	
DECLARATION BY THE APPLICANT The information given above is accurate to the best of my knowledge, I promise to Abide by the rules and regulation of the college. If fail to comply with any of these norms disciplinary action may be taken against me. I will be regular to classes (80% attendance) and will take studies and every examination seriously, failing which I may not be sent for the Board Examinations. I enclose the following Original & set of Xerox copies: 1. 10 th Marks Card 2. 10+2 / PUC Marks card 3. Transfer Certificate, Leaving Certificate 4. Migration Certificate							
5. Passpor	t size photos	•	ate 4	. Migration Ce	eruncate		
Date : Place :							
		to the			ear for Diploi	na in	
Date: Place:							