



SATISH KUMAR SINHA MEMORIAL COLLEGE OF PHARMACY

an abode of education

Recognised by Pharmacy Council of India (PCI)

Affiliated to Diploma in Pharmacy Examination Committee, Bariatu, Ranchi, Jharkhand

REGISTRATION FORM

Application No.:

Session :

Affix your recent
Passport size Photograph
duly signed by the
candidate

(For Office Use Only)

Roll No. Enrollment No.

Subject under which admission sought

Do not Pin or Staple

1. Name of the Applicant as in the Birth Certificate or Marks card of Standard X Exam.

2. Father's Name

3. Sex : Male Female

4. Date of Birth & Age :

Date

Month

Year

Age

5. Blood Group :

6. Marital Status : Married

Unmarried

7. Address for Correspondence (do not repeat name)

City

State

Pin Code :

STD Code

Phone

Mobile :

E-mail

8. Permanent Address (do not repeat name)

City

State

Pin Code

STD Code

Phone

Mobile :

9. a) Nationality :

b) Religion : (Tick) Hindu Christian Muslim

Others

c) Community : (Tick) OPEN OBC SC ST

d) Caste :

