AAROHAN COLLEGE OF PHARMACY

Near BIT More, Getlatu, Ranchi (Jharkhand)
Mob. : 8877791116, 9835143565 • E-mail : aarohancop@gmail.com, aarohan.ewt@gmail.com

Recognised by Pharmacy Council of India

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

ENROLLMENT FORM

Application No.:

Session :

Affix your recent Passport size Photograph duly signed by the candidate

Do not Pin or Staple

(For Office Use Only)

Enrollment No.

Subject under which admission sought

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 :

10. Details of Educational Qualifications (From X Standard onwards)

S.No.	Name of the Qualifying Exam.	Month & Year of Passing	Name of the School / College Studied	Name of the University / Board	Subject	% obtained
1.	Xth					
2.	XIIth					
3.	Graduation					
4.	Post Graduation					
5.						
6.						

11. Employment Details

a) Employed (Tick) Yes ☐ No ☐

b) Name of the Company / Institution with Address

12. a) Whether Physically Handicapped : Yes ☐ No ☐ b) Certificate No.

13. NCC Certificates

14. Participation in State / National Level Co-curricular activities

15. Do you want hostel facility : Yes ☐ No ☐ 16. Do you want Bus facility : Yes ☐ No ☐

Declaration

I, hereby declare that I satisfy the conditions of the eligibility advertised for admission to D.Pharma Course. All the information made in this application are true to the best of my knowledge and belief. I am aware that if at any time, it is found that any information given above is false then my candidate is liable to be cancelled.

Date :

Place:

Signature of Applicant

Details of self attested xerox copies of the certificate submitted by the candidate at the time of submission of form

Sl. No.	Particulars of Certificate	Please Tick
1.	10th Std. Mark Sheet(s)	
2.	10th Std. Pass Certificate	
3.	H.Sc. or Equipment Mark Sheet(s)	
4.	Graduation Mark Sheet	
5.	Graduation Pass / Provisional Certificate	
6.	Post Graduation Mark Sheet	
7.	Post Graduation Pass / Provisional Certificate	
8.	College / Department Leaving Certificate	
9.	Migration certificate (Other than Ranchi Univ.)	
10.	Two self addressed envelops of size 5"x8"	
11.	Caste certificate	
12.	Residential certificate	
13.	Other Certificate(s) if, any.	

Declaration of the candidate

I declare that all the above Xerox copies submitted by me with the application form are true and genuine.

Signature of the Candidate