Form No. : _.....

ARK COLLEGE OF PHARMACY

Raksarai,Sarai Akil,Kaushambi(UP)

Email-arkcollegeofpharmacy@gmail.com
Contact:9005868686,9839038522,8795444404

Course: B.Pharma( ) D.Pharma( ) B.Pharma Lateral( )

B.Pharma Approved By PCI & Affiliated to Dr. APJ ABdul Kalam Technical University(College Code:1091)
D.Pharma Approved By PCI & Affiliated to BTE Lucknow(College Code:4135)

Date of Admission: _____

1. Students Name : .....

2. Fathers Name: .....

3. Mother's Name : .....

4. Date of Birth : .....

5. Address: .....

6. Mobile No: ..... Email Id: .....

7. Name of school last attended: _.....
(School leaving certificate should be submitted at the time of admission)

8. Religion: ..... Caste(GEN/SC/OBC/ST): ..... Sub Caste: .....

9. Student Aadhar Card No : .....

10.Bank Account No: .....Bank Name:.....IFSC Code:.....

Educational Qualification	University/Board	Obtained Marks / Total Marks	Total Percentage	PCM / PCB Marks / %age

Signature of Father/Guardian **Signature of Student**

Documents Submitted (Please Tick) For Office Use Only

S.No	Document	Original	Photocopy
1	Aadhar Card		
2	High School Marksheet		
3	High School Certificate		
4	Inter Marksheet		
5	Inter Certificate		
6	Transfer Certificate(T.C.)		
7	Caste Certificate		
8	Income Certificate		
9	Domicile Certificate		
10	Latest Photograph		
11	Gap certificate		
12	Bank Passbook*		
13	Thumb(Left & Right)		

*only Photocopy

Student Copy

S.No	Document	Original	Photocopy
1	Aadhar Card		
2	High School Marksheet		
3	High School Certificate		
4	Inter Marksheet		
5	Inter Certificate		
6	Transfer Certificate(T.C.)		
7	Caste Certificate		
8	Income Certificate		
9	Domicile Certificate		
10	Latest Photograph		
11	Gap certificate		
12	Bank Passbook*		*only Photocopy

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Verifier Signature