

SRI BALAJI VIDYAPEETH DEEMED TO BE UNIVERSITY DECLARED U/S. 3 OF UGC ACT, 1956

APPLICATION FOR ADMISSION TO B. Pharm PROGRAMME 2021-22

OFFICE USE (APPLICATION N	10										F	AFFIX HERE: RECENT PASSPORT SIZE PHOTOGRAPH SELF ATTESTED									
NAME OF API	PLICAN ⁻	T (AS IN	SCH	OOL	. CEF	RTIF	CAT	Έ)													
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DATE OF BIRTH	(DD-MM	1-YYYY)							/	AGE A	s on	31-12	2-202	.1		•	YRS			M	Tŀ
PLACE OF BIR	тн							DI	STI	RICT	-										
NATIONALITY	,							D	MC	ICIL	E										
GENDER	Mal	e			Fema	ale					III G	iend	der								
AADHAR No											7										
ADDRESS FOR	COMM	UNICATI	ON (in B	lock	Lett	er)	'		•	_		•	Str	eet, L	ocalit	y, Cit	y, Sta	ite, C	ountr	·y
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7	RELIGION / CO	MMUNITY FC		ВС	МВС	sc	ST	ОВС				
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8	ANNUAL FAM											
9	(Attach a valid Certificate obtained from the respective govt. authorities) DETAILS OF QUALIFYING EXAMINATION:											
	COURSE	MONITHIMEAR										
	HSC/ INTERMEDIATE					TS PERCENT						
	DIPLOMA / DEGREE (IF RELEVANT)											
	MARKS OBTA	AINED SEI	F ATTESTED	РНОТОСОР	OF CERTIFICA	TE OF PASS & STATE	MENT OF MARKS	TO BE ENCLOSED				
	SUBJECTS	/ YEAR ING	MARI OBT/	KS AINED	MAXIMUM MARKS		ERCENTAGE F MARKS					
	AGGREGATE											
	APPLICATION	DEMAND DRAFT	NO FOR	AMOUNT		ON DATE						
	FEE DETAILS		R	s. 500/-				/ / 20				
	JOINT	DECLARA	TION b	y Appli	cant and	the Parent	/ Guardi	an i				
1												
1,	FULL NAME OF APPLI	(Full Name	е от Аррис	ant) son/	Daugnter of	************************	*** *** *** *** ***	• • • • • • • • • • • • • • • • • • • •				
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false	at a later date o	n verification, I wi	ll be liable	to have m	y seat (if ad	mitted) forfeited	d and my nan	ne removed from				
		ution at any perio bide by all the rul	_			• .						
	•	under any circ the course if I d			-		-					
Date	:							-				
Place	:											
			SIGN	ATURE OF	APPLICANT	SIGNATUI	RE OF PAREN	IT / GUARDIAN				
	•	of the following cer ransfer Certificate (be attache	d							

▶ Aadhar Card, Community Certificate and Income Certificate