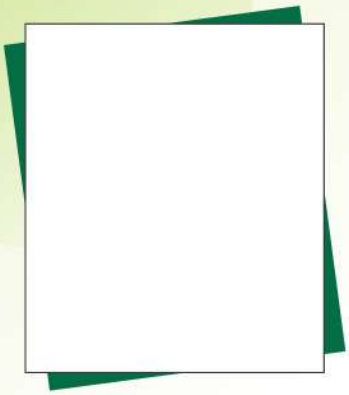

VIDYA BHAVAN COLLEGE OF PHARMACY

APPROVED BY AICTE & PCI, NEW DELHI. AFFILIATED TO BTE(UP)
RAUTAPUR, CHAUBEPUR ,KANPUR-209203(U.P)
PHONE NO. 9511110468 FAX : 0512-2239617,2217861
WEBSITE:www.vbcet.ac.in, EMAIL- vbpharmacy19@gmail.com

SESSION ..... **REGISTRATION NO.....**

COURSE : DIPLOMA IN PHARMACY

Full Name of Candidate

Father's Name

Father's Occupation ..... Mobile No.

Mother's Name

Mother's Occupation ..... Mobile No.

Date of Birth (DD/MM/YY) Caste SC/ST/OBC/GEN Caste Certificate No. Gender M/F

Examination	Board/ University	Year	Roll no.	Subject	Marks Obtained	M. Marks	%of Marks
10th							
12th				Physics			
				Chemistry			
				Maths / Bio			
Graduation							
Others							

Permanent Address .....

.....State .....Pin Code .....

Correspondence Address.....

.....State .....Pin Code .....

Candidate Mobile no. 1. ..... 2. ..... Email .....

Adhar no.....Candidate's Signature

Document enclosed:

1. 10th Marksheet & Certificate
2. Income Certificate
3. 12th Marksheet & Certificate
4. Gap Certificate
5. Graduation Marksheet & Certificate
6. Migration / Transfer Certificate
7. Domicile Certificate
8. Adhar Card
9. Caste Certificate
10. Ten No. of passport size photograph

(For Office Use Only)

Remarks: .....

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Sign.PRINCIPAL/REGISTRAR