

To,

The Principal
B. N. College of Pharmacy,
Udaipur (Raj.)

Date : _____

ADMISSION APPLICATION FORM

Course applied for : _____

Name : _____

Father's Name : _____

Date of Birth : _____

Address : _____

Contact No. _____ (R) _____ (M)

Email I.D. _____

EDUCATIONAL QUALIFICATION

S. No.	Class/Course	University / Board	Percentage	Year of Passing
1.	Secondary (10 th)			
2.	Sr. Secondary (12 th)			
3.	B. Pharm.			
4.	Others			

- Last Pharmacy College attended
- GPAT Score Year qualified
- Whether the last college attended is AICTE approved (Yes / No)
- Whether the last college attended is PCI approved (Yes/No)

Signature of Candidate