

Reg. No. _____ (for official use only)

Date: _____

Himachal Pharmacy College

Majhauri, Teh. Nalagarh, Distt. Solan (H.P) Phone. +91- 62303-04421

Approved by: AICTE, PCI (New Delhi)

Affiliated to: Himachal Pradesh Technical University Hamirpur (H.P)

(A State Government University)

ADMISSION FORM

Name of Student:

Father's Name:

Mother's Name:

Date of Birth:

Gender: Male Female

Nationality: _____ Religion: _____

Category: _____ Course: _____

Permanent Address:

Pin: _____ Tel. No. _____ Mobile No. _____

E-mail: _____

Aadhaar No.

S. No.	Class	Roll No.	Total Marks Obtained	% of Marks	Year of Passing	Name of Institution & Place	Name of the Board
1.	10 th						
2.	12 th						
3.	Diploma						