



Sivananda College of Pharmacy

Near Engineering School Square, Berhampur - 10

Affix Your
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Application Form for Readmission into D. Pharm – II Course

(For the Session _____)

1. Name of the candidate (in block letters) : _____
2. Father's / Guardian's Name : _____
3. Present Address : _____

4. Permanent Address : _____

5. Date of Birth (As per H.S.C.) : _____
6. Caste / Nationality : _____ / _____
7. Hostel (Yes / No) : _____
8. Session & Date of examination appeared : _____
Exam. Roll No. / Regd. No. : _____ / _____
Result (Pass / Pass with Back) : _____
9. Marks / Division Obtained : _____ / _____
10. Distinction (Yes / No) : _____
11. Date of Promotion : _____
12. Tuition fees Dues Last Year if any : _____
13. Remarks : _____

Declaration by the Candidate

I do hereby declare that the above furnished statement given by me is true to the best of my knowledge & belief.

Date:

Yours Faithfully

Place:

(Full Signature of the Candidate)

Check List:

1. Mark List (Photo Copy) of D. Pharm – I Examination
2. 02 nos. of Passport size & 02 nos. of Stamp Size colour photograph.