

APPLICATION FORM FOR ADMISSION IN MASTER OF PHARMACY [M. PHARMACY]

**To,
The officer in charge (Admission)
Royal College of Pharmacy
Behind Pt. R.S.S. University Campus, Dumar Talab (Mahoba Bazar)
Raipur, (C.G.) 492099**

AFFIX STAMP
SIZE
PHOTOGRAPH

(TO BE FILLED BY THE CANDIDATE IN BLOCK LETTERS)

1.	COURSE	M.PHARM	I	II	III	IV	SESSION:
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Specialization:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pharmaceutics | <input type="checkbox"/> Industrial Pharmacy | <input type="checkbox"/> Pharmaceutical Chemistry |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Pharmaceutical Quality Assurance | <input type="checkbox"/> Pharmaceutical Regulatory Affairs |
| <input type="checkbox"/> Pharmacognosy | <input type="checkbox"/> Phytopharmacy & Phytomedicine | <input type="checkbox"/> Pharmaceutical Technology |
| <input type="checkbox"/> Pharmaceutical Analysis | <input type="checkbox"/> Pharmaceutical Biotechnology | <input type="checkbox"/> Pharmacy Practice |

2.	NAME OF CANDIDATE.....
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3.	DATE OF BIRTH	DATE			MONTH			YEAR			
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4.	FATHER'S/ HUSBAND NAME.....
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5.	MOTHER'S NAME.....
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6.	FATHER'S/HUSBAND OCCUPATION	SERVICE	GOVT	NON GOVT.	BUSINESS	PROFESSION	ANNUAL INCOME	RS.
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7.	SEX	MALE		FEMALE		BLOOD GROUP	
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8.	CAST CATEGORY	UR		SC		ST		OBC	
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9.	ARE YOU DOMICILE OF C.G.?	YES		NO		URBAN	RURAL
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10.	ADDRESS.....PINCODE
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11.	PHONE NO.	STUDENTS MOBILE NO.	PARENTS MOBILE NO.	LANDLINE NO. WITH STD CODE

12.	E-MAIL ADDRESS
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