



MAA MANASHA COLLEGE OF PHARMACY



(ADMISSION FORM)

SESSION*:

BASIC INFORMATION :

NAME OF THE APPLICANT*			
FATHER'S NAME*		MOTHER'S NAME*	
GAURDIAN 'S NAME		GENDER*	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH*		CATEGORY*	GEN / SC / ST / OBC-A / OBC – B
CONTACT NO*		E-MAIL ID*	
WHATSAPP NO*		RELIGION*	
AADHAR NUMBER*		STREAM*	ARTS / SCIENCE / COMMERCE

PERMANENT ADDRESS :

STATE*	WEST BENGAL	DISTRICT*		PIN CODE*	
ADDRESS*					

ACADEMIC INFORMATION (H.S, 10+2 OR EQUIVALENT) :

Statement of Marks in the H.S, 10+2 or Equivalent Examination Passed By the Applicant

H.S, 10+2 / Equivalent Examination	BOARD/ COUNCIL*	YEAR OF PASSING*				
FULL MARKS IN BEST FIVE	500/600/ETC	LANG*	SUB-1*	SUB-2*	SUB-3*	SUB-4*
TOTAL MARKS OBTAIN*			% MARKS OBTAIN*			

SIGNATURE OF THE APPLICANT

OFFICE USE ONLY

COLLEGE / INSTITUTE AGREEMENT DETAILS :

TOTAL CONTACT		INSTITUTE PAID DATE	
TYPE OF PAYMENT	(MONTHLY /QUATERLY /HALF- YEARLY / ANNUALLY)		
TOTAL NO. OF INSTALLMENT		REGISTRATION FEES	
ADMISSION FEES		ID CARD & DRESS	
MISC. FEES		OTHERS FEES	

বিঃ দ্রঃ - ফর্মটি পূরন করার জন্য কালো বল পয়েন্ট পেন ব্যবহার করতে হবে এবং সম্পূর্ণ বড়ো হাতের অক্ষরে লিখতে হবে।