



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।