

Bhagyoday Tirth Pharmacy College, Sagar

Acharya Vidyasagar Marg, Khurai Road, Karila, Sagar

INQUIRY FORM

B. Pharm.

1. Name -----
2. Father's Name -----
3. Date of Birth -----
4. Address -----
5. Contact No. -----
6. Category (General/SC/ST/OBC) -----
7. Qualification Details :

Paste
Passport size
Photograph

S. No.	Class	Name of School/College	Year of Passing	Board / University	Marks Obtained	%
1	Higher Secondary(12 th)					
2	High School (10 th)					
3	Others					

I ----- declare that above informed submitted by me is true to the best of my knowledge.

Signature of Student

Signature of Parent/Guardian