

Bhagyoday Tirth Pharmacy College, Sagar

Achrya Vidyasagar Marg Karila Khurai Road, Sagar

Inquiry FORM M. Pharm.

Paste
Passport size
Photograph

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

1	GPAT SCORE	Final Year	GPAT Percentile	
2	B. Pharm Aggregate			
3	B. Pharm Aggregate till 7th SEM			

Available Branch:- Pharmaceutics, Pharmaceutical Analysis.

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

Preferred Branch

- 1.....2.....
- 3.....4.....
-
- 5.....
- 6.....
- 7.....

Signature of Student

Signature of Parent/Guardian