



OXFORD COLLEGE OF PHARMACY

APPROVED BY : PCI& SMFWB

COURSE OFFERED: **DIPLOMA IN PHARMACY**

7699237248/8116099800/8240660850 www.oxfordpharmacy.in Natagachhi opp. Mission Gate, Sonarpur, Kolkata-700150

APPLICATION FORM

Admission No Serial No

STUDENT INFORMATION

Student Name :

Father's Name :

Mother's Name :

Nationality : Caste :

D.O.B : Sex :

Student's Mobile No. : Parent's Mobile No. :

Adhar/
Citizenship No. :

Student Contact Information

Permanent Address :

Local Guardian Address :

Relation with Student:

Email :

1.Photo copy of M.P. or its equivalent Admit <input type="checkbox"/> Certificate <input type="checkbox"/> Marksheet <input type="checkbox"/>	5.Photo copy of income certificate
2.Photo copy of HS or its equivalent Admit <input type="checkbox"/> Certificate <input type="checkbox"/> Marksheet <input type="checkbox"/>	6.Photo copy of caste certificate in <input type="checkbox"/> case of SC/ST/OBC/PH
3.Photo copy of aadhaar card <input type="checkbox"/>	7.Passport size photo of applicant(3) <input type="checkbox"/>
	8.Migration certificate <input type="checkbox"/>

Previous Academic Details

Examination Passed	Board/University	Total Marks	Marks Obtained	Institution	Passing Year
X					
XII					

Declaration

I/We pledge that all information provided herewith is true to the best of our knowledge. I/We fully agree to abide by all the policies rules and regulations of the institution and in case of non-confirmation would accept the verdict of the instution as the final i/we also understood and accept that in case of discontinuation of the course for any reason. I/We shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensation.

*Antiragging affidavit has to be submitted before joining.

Date:

Place :

Signature of father/Guardian

Signature of student

For office use only

Description	1 st year	2 nd year
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Admitted by

Name:.....

Mobile:.....

Entered by

Name:.....

Principal

Date:.....

