

MOYNA PHARMACEUTICAL INSTITUTE



Two Years D.Pharma Course
Recognized by - PCI(Govt. of India) Affiliated by - WBSCT & VE & SD,(Govt of W.B)
Vill - Harkulibhanderchak, P.O + P.S - Moyna, Dist - Purba Medinipur, Pin - 721629,W.B

Admission Form - D.Pharma

Session - 20 - 20

PASTE PASSPORT
SIZE PHOTO
HERE

1. Name of the Student
2. Date of Birth 3. *Aadhaar No
4. Contact No
5. Permanent/correspondence Signature of Candidate
- Address-Vill/Ward Gender: Male / Female / Others
- P.O - Dist -
- P.S - *Sub Division
- Pin - (a) *EmailId
- *Block/Municipality (b) *Whatsapp No Physically challenged - Yes No
6. Religion Nationality Caste Marital Status- Yes No
7. School Name of the candidate (H.S)
8. State Location of the school (H.S)
9. District Location of the school (H.S)
10. Educational Qualification :-

Examination Name	Board Name	Year of Passing	Subject	Full Marks	Marks Obtained
Madhyamik Exam					
*H.S Exam					
Subject-Wise Obtained Marks in H.S Exam	Subject	Physics	Chemistry	Mathematics or Biology*	
	Full Marks				
	Marks Obtained				

11. Father's Name :- Mobile No
12. Gurdian's Name Relation
13. Mother's Name Mobile No
14. Family Income Gram Panchayat

IF I DO NOT OVER THE RULE AND REGULATION ON OF THE COLLEGE, I SHALL BE TRAINED VEG NON-COLLEGIATE STUDENT

DECLARATION

I, the undersigned candidate hereby declare that the information furnished above is correct to the best of my knowledge. I will abide by the college & hostel rules and regulations in all respects and as amended from time to time. I do understand that the decision of the Chairman of Moyna Pharmaceutical Institute shall be binding on me. I should participate and take initiative for leadership in professional, all the college program, educational tour and social activities.

Date.....

Place.....

Signature of the Candidate

*N.B - Please Attach All Education Certificate With Aadhaar Card. If married attach affidavit from 1st class Judicial Magistrate.