



DEROZIO PHARMA INSTITUTE

EDUCATION BACKGROUND

| Course | School/College | Board/University | Year of Passing | Division/ Passing Percentage |
|-----------|----------------|------------------|-----------------|---------------------------------|
| Class X | | | | |
| Class XII | | | | |
| D.Pharm | | | | |

| SUBJECT | Physics | Chemistry | Biology/Math | Total (PCB/M) | English |
|---------------------------------|---------|-----------|--------------|---------------|---------|
| Full Marks | | | | | |
| Marks Obtained in Percentage | | | | | |

APPLICANT'S DECLARATION

I wish to apply for admission to the Derozio Pharma Institute course/s and declare that all the above particulars are true to the best of my knowledge and belief. I agree that acceptance of this application does not confer on me any right in respect of selection for admission. I have not taken admission in any institute after passing the Higher Secondary or equivalent examination.

I agree to pay the college fees as determined by the management of Moyna Ramkrishnayan Association. I affirm that I will follow all the rules and regulations mentioned in the Students' Rule Book and as prescribed by the college authorities from time to time.

Date

Signature

PARENT'S/GUARDIAN'S DECLARATION

I am aware of the financial obligations for my child/ward applying to Derozio Pharma Institute, Moyna and I undertake to pay the tuition and other fees payable to the institution as per the rules of the institution. I also affirm that my child/ward shall follow the Students Rule Book and all regulations as prescribed by the college from time to time.

Date

Signature

APPLICATION FORM



Paste a recent
Passport photograph
with name
printed on it

PHARMACY COURSES ACADEMIC SESSION

ALLOTTED COURSE [B.Pharm/D.Pharm/B.Pharm (L)]

CANDIDATES TO FILL INFORMATION WITH A BLACK/BLUE BALL POINT PEN IN CAPITAL LETTERS ONLY

WBJEE/SMF Rank Roll No

CANDIDATE'S DETAILS

Name of the Applicant

Date of Birth Sex M F Marital Status Single Married

Nationality Blood Group Category GEN SC ST OBC

Permanent Address

City State Pin

Mobile Email

PARENT/GUARDIAN'S DETAILS

Mother's Name Occupation

Father's Name Occupation

Guardian's Name Occupation

Parent/Guardian's Contact Number Email

Permanent Address

City State Pin

PAYMENT DETAILS

Admission Fees + Academic Fees

Mode of Payment

Bank Draft in favor of Derozio Pharma Institute (Payable at Moyna) ONLINE NEFT

| SL# | Draft/ONLINE Ref /NEFT Number | Bank's Name | Branch | Amount | Date |
|-----|-------------------------------|-------------|--------|--------|------|
| 1 | | | | | |
| 2 | | | | | |