



OM SADASHIVA COLLEGE OF PHARMACY

(A Unit of Om Sadashiva Charitable Trust)

Form No. :

📍 Sagdaha, Jasdih Kumaitha Stadium Road, Deoghar, Jharkhand - 814142
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 ✉ omsadashivacollege@gmail.com / omsscp@gmail.com

ADMISSION FORM

D. PHARMA	B. PHARMA

Session :

Name of the Candidate (in BLOCK LETTERS) :

Father's Name (in BLOCK LETTERS) :

Mother's Name (in BLOCK LETTERS) :

Affix your recent passport sized photograph here

Address for Communication :

District :

Pincode :

Phone/Mobile No. :

Whatsapp :

Email ID :

Permanent Address :

District :

Pincode :

Emerg. Contact No. :

Blood Group :

Date of Birth :

Gender : Male Female

Nationality :

Category : General OBC ST SC

Particulars of H.S. (10+2) or Equivalent Examination (Science Stream) :

Name of the Examination Passed :

Name of the Board / Council :

Registration No., Month & Year of Passing :

Total Marks Obtained in : _____ % of Marks _____

PHYSICS	CHEMISTRY	MATHEMATICS	BIOLOGY

Total Marks Obtained : PCB/M _____ % of Marks _____

State Extra Curricular Activities (if any) (i) _____
(ii) _____
(iii) _____

Declaration :

We hereby declare that the information provided is true to the best of our knowledge believe. The Original Certificate will be produced at the time of admission. In case any information is found to be incorrect, we agree to forego claim for admission. We declare that we have carefully read the prospectus and student handbook and will abide by the rules laid down and therein from time to time at the discretion of the college Governing Council Body.

Signature of Parent / Guardian

Signature of Student

Name of Parent / Guardian :

Name of Student :

Date :

Date :

Place :

Place :

Following Certificates should be attached. Original Certificates should be brought with the candidate at the time of admission :

A. Attested Xerox Copies of:

- 1) HSC / 10th Board / Equivalent Examination Pass Certificate and Marksheet.
- 2) 10+2 / ISC / Equivalent Examination Pass Certificate and Marksheet.
- 3) Four Passport Sized Photograph.
- 4) Self-Attested Government Identity Card (such as Aadhar Card)
- 5) T.C & Migration (Original)

.....X.....X.....X.....X.....

FOR OFFICE USE ONLY

Selected / Not Selected :

Documents Submitted

Photograph

Amount Paid

Date :

(Signature of Principal)