

PCI Code: 5916, College Code: 4240



# S. S. BAPU PHARMACY COLLEGE

AKHOP, BELTHARA-ROAD, BALLIA (U.P.) – 221715

Website – [www.ssbpc.in](http://www.ssbpc.in) Email – [ssbpc01@gmail.com](mailto:ssbpc01@gmail.com)

## ADMISSION FORM SESSION: ...../.....

Affix Color  
Passport Size  
Photograph Do  
not Staple/Pin

Name of Applicant in English (Block Letter): .....

Name of Applicant in Hindi: ... ..

Father's Name .....

Mother's Name.....

JEECUP Roll No. .... JEECUP Centre Name.....

### Permanent Address:

Vill. .... Post. .... Tehsil .....

Distt. .... Pin Code ..... State .....

Aadhar Number. .... Aadhar Registered Mob No. ....

Mob. No. (Parents): ..... Mob. No. (Applicant): .....

Email-id (Applicant): ..... Date of Birth: ...../...../.....

Gender: M/F ..... Category: GEN/SC/ST/OBC/MIN..... Nationality: .....

Reference by (Self/Advertisement/Other):.....

### Course:-

Diploma in Pharmacy

Do you need Hostel Accommodation?  Yes

No

### Educational Qualification:

Examination	Year	Name of School/College	Board	Stream	Obtained Marks	Total Marks	% of Marks
				(PCM/PCB)			
High School							
Intermediate							
Graduation							

## **DECLARATION BY APPLICANT**

I..... S/D of.....here declares that I have read the institute prospectus thoroughly and have understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the institute at any time.

Date-\_\_/\_\_/\_\_\_\_

Place- .....



Signature of Applicant