



# K.C.M

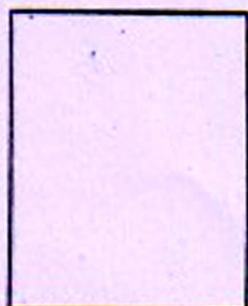


## AYURVEDIC COLLEGE

**GURUKUL PUBLIC SCHOOL CAMPUS, GARDEN COLONY, ROPAR**

**APPLICATION FORM FOR ADMISSION TO THE COURSE OF D-PHARMACY AYURVEDIC (UPVAID)**

1. Name of the applicant \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Mother's Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Address (a) Permanent \_\_\_\_\_  
\_\_\_\_\_
- (b) Correspondence \_\_\_\_\_  
\_\_\_\_\_



Mobile No. \_\_\_\_\_ Land line No. \_\_\_\_\_

6. ( If father's deceased , Please give guardian's address ) \_\_\_\_\_
7. Father / Guardian's Occupation \_\_\_\_\_
8. Caste GL / SC / ST / OBC \_\_\_\_\_
9. To which state do you belong ? \_\_\_\_\_
10. Nationality \_\_\_\_\_
11. Marital Status \_\_\_\_\_
12. Educational Qualification \_\_\_\_\_  
\_\_\_\_\_

Place :-- \_\_\_\_\_

Date :-- \_\_\_\_\_

Signature of Applicant