CSM GROUP OF INSTITUTIONS

AKTU College Code: 575

MALTI MEMORIAL TRUSTS CSM GROUP OF INSTITUTIONS

FACULTY OF B. PHARMACY

Approved by AICTE, PCI, New Delhi & Alfiliated to Dr. A.P.J. Abdul Kalam Technical University, Lucknow
8 Milestone, Rewa Road, Iradatganj, Allahabad- 212110 (UP)
Phone:- 05333- 283004, 05, 17, 18 Fax: 05333-283006
e-mail:info@csmgoi.com,Website:www.csmgoi.in

SESSION :

Registration Form

Sr. No. 948

Students Identification No.

Name of Candidate (In Block Letters) :

Date of Birth : D D M M Y E A R

Gender: M

Nationality:

Blood Group :

For which year you would like to opt for Pharmacy?

1st 2nd

Father's Name

Father's Occupation

Mother's Name

Local Guardian's Name(If any)

Category :

SC ST OBC General Others

Permanent Address-

City State Pin

Correspondence Address/Local Guardian's Address

City State Pin

Cell No. Candidate 0 Parents 0 Local Guardian

Telephone Nos with STD Codes

e-mail

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Particulars of Examination Passed (Starting From High School):

S.N.	Examination	Institution Attended	Board/University	Year of Passing	Marks Obtained	% Marks Obtained	Division
1.	High School						
2.	Intermediate						
3.	Others						

Percentage of PCM marks at the 10+0 standard/ Intermediate Examination/Higher Secondary

Subject	Max. Marks	Marks Obtained	Percentage
Mathematics			
Physics			
Chemistry			
Biology			

For Diploma Holder or B.Sc

S.N.	Examination	Institution Attended	Board/University	Year of Passing	% Marks Obtained	Division

Please do let us know about your hobbies/ Extra Curricular Activities:

Declaration:

I.....Hereby declare that all the information given by me in this form is correct to the best of my knowledge & belief. I have not concealed any fact or material information and I duly possess the minimum prescribed qualification, I understand that in case anything is found contradictory of false. that my registration may be cancelled. I shall abide by all the term, conditions, rules & regulations of the college/ University/ Government with regards to the admission.

Date: D D M M Y E A R

Signature of Father/Guardian

Signature Applicant

Documents Required:

The Following Documents are required to be submitted along -with this form at the time of submission of form and Admission

Self attested copies of your

(A) High School Marksheet & Certificate
(B) Intermediate marksheet & Certificate
(C) CBTU-SEE/AIEEE Score Cards
(D) Two Passport size Photographs
(E) School leaving certificate
(F) Migration Certificate

For Office Use Only

☐ **B Pharm**

Auth. Signatory

Registrar

Director

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