



MMT CSM GOI, FACULTY OF B. PHARMACY

8TH MILE STONE REW ROAD IRADATGANJ, ALLAHABAD-212110

CLASS REGISTRATION FORM

REGISTRATION NO.

SESSION 2020-21 (ODD SEM)

• SEMESTER : COURSE- CATEGORY : ROLL NO.

1- NAME OF STUDENT :

2- FATHER'S NAME :

3- MOTHER'S NAME :

○ DATE OF BIRTH :

○ MOBILE NO.(STUDENT):

MOBILE NO.(GUARDIAN) :

4- ADDRESS :

PHOTO

SIGNATURE OF
STUDENT

SIGNATURE OF
ADMIN OFFICER

SIGNATURE OF
REGISTRAR



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3- MOTHER'S NAME :

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PHOTO

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