

RADHA GOVIND GROUP OF COLLEGES

MORADABAD -244001 (U.P.) INDIA

Session _____

REGISTRATION/ADMISSION FORM

1. Name.....
2. Type of Seat: Free/Payment.....
3. Courses Code.....
4. Category.....
5. Date of Birth:

Date.....Month.....year.....

PHOTO

6. Nationality
7. Father's Name
8. Mother's Name
9. Guardian's Name
10. Annual Income of Father/ Mother
11. Permanent Address
12. Local Address
13. Contact No. Code:..... Phone.....
Mobile.....

Bank Detail:

Bank Name	Branch	DD No.	Date	Amount

Hobbies and Extra Curricular Activities:

1-

2-

3-

Declaration by the Students:

I hereby that all the particulars stated in this form and enclosures are true to the best of my knowledge and belief. In the event of suppression distortion fact like education qualification, nationality etc. Made in my application form, my Admission B.Pharma is liable for cancellation. Further I also promise to abide the rules norm of discipline of the Institute.

Date :

Signature of the Applicant

Declaration by Father/ Mother/ Guardian :

Whereas, my son /daughter/ward Mr./ Mrs.
.....has been admitted in Ist Year, I hereby give an undertaking to regularly pay all his/her dues to the Institute till the completion, if his/her course if student. I also undertake to be responsible for his/her conduct. 75% attendance is mandatory.

Note: Dispute /Legal Jurisdiction: Any Dispute arising in matters including admission, lessons, contact programmes, examination, fee and other disputes will be subjected to Moradabad Jurisdiction only.

Date :

Signature of the Applicant

Course Applied (in the order preference)

1. _____
2. _____
3. _____

ACADEMIC RECORD:

Examination	Year	Board/ Univ.	% Marks	Subject
High School				
Intermediate				
Graduation				
Other				

Declaration by the Students:

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Date :

Signature of the Applicant