



SHRI SANTANPAL SINGH PHARMACY COLLEGE

Mirzapur, Shahjahanpur-242221(U.P.)

Affiliated to Dr. A.P.J. Abdul Kalam Technical University, Lucknow, BTE, U.P.)

Approved by Pharmacy Council of India, New Delhi

Contact No.: 9169285396/8679294032/9473644444

E-Mail: santalpalsingh@gmail.com

Website : www.spspharmacycollege.co.in

ADMISSION FORM 2024-2025

Paste latest
passport size
Photograph

Course- D.Pharm

B .Pharm

1. Name of the Applicant
2. Date of Birth

DD	MM	YY
----	----	----
3. GENDER

M	F	TG
---	---	----
4. Nationality : Aadhar No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (Only if Indian)
5. Applicant Father's/Guradian Name
6. Applicant Mother's/Guardian Name
7. Occupation of the Father/Guardian :
8. Annual Income of the Father/Guardian :
9. Address of the Student (Local).....
.....
.....
10. Address of the Student (Permanent).....
.....
.....
- District StatePincode

--	--	--	--	--	--
11. Mobile No. of Student :.....
Mobile No. Father/Guardian:
12. E.mail ID of student:.....
13. E.mail ID of the Father/Guardian: *If any*



SHRI SANTANPAL SINGH PHARMACY COLLEGE

Mirzapur, Shahjahanpur-242221(U.P.)

Affiliated to Dr. A.P.J. Abdul Kalam Technical University, Lucknow, BTE, U.P.)

Approved by Pharmacy Council of India, New Delhi

Contact No.: 9169285396/8679294032/9473644444

E-Mail: santalpalsingh@gmail.com

Website : www.spspharmacycollege.co.in

14. Marks in the Qualifying Examination

SUBJECT	Max Marks	Marks obtained	Percentage of Marks	% marks PCM	% marks PCB
10 TH					
12 TH					

FOR B. PHARM (LATERAL ENTRY)

D.Pharm- 1 st year	% marks
D.Pharm-2 nd year	

15. Declaration

I promise to abide by the rules, regulation and orders of the college, its Authorities and Office. I will accept the decision of the Principal in all matters of discipline as final. I accept to pay the fees of Remaining Years. If at all I cancel the seat due to any reason.

Date:

Signature of the Applicant

16. I have read the prospectus of the college and accept it. I agree to the applicant's admission to the class. I shall be responsible for the payment of all his/her fees and any other charges within the specified date. I shall also be responsible for his/her conduct and good behavior during the period of his /her college career. I will accept the decision of the Principal in all matters of my ward as final. If at all we cancel the seat due to any reason. I give undertaking that we will pay the remaining years fees.

Date:

Signature of the Parent/Guardian

CHECKLIST FOR DOCUMENT ENCLOSURE ALONG WITH APPLICATION

1.	10th Marks Card	Aadhar Card Copy
2.	12th Marks Card / Equivalence	Migration Certificate
3.	Transfer Certificate (TC)	Passport Size Photo (5 Nos.)
4.	Aadhar Card Copy	

For Office use only

Admitted to Date		
Fee Collected Rs. :		
Receipt No./Date		Accountant
		PRINCIPAL/DIRECTOR