Affix

Photo

Month

Blood group



1. Name of the Student

2. Father's Name:

3. Mother's Name : __

5. Nationality:

6. E-mail ID:

4. Date of Birth & Age:

7. Address for Communication:

MALLIGE EDUCATION FOUNDATION

MALLGGE COLLEGE OF PHARMACY

71, SILVEPURA, CHIKKABANAVARA POST, BANGALORE - 560 090.
Web: www.mallige.ac.in, E-mail: mcpbangalore@ymail.com, Phone: 080-28446702
(Affiliated to RGUHS, Recognized by AICTE, PCI New Delhi and Government of Karnataka)

Application form for Admission to I/II B. Pharma / I M. Pharma / I D. Pharma / I Pharma .D

&

Phone No.:

Note: I) Fill in blue or black ball pen only.

II) All details to be filled in capital letters only

	Local		<u> </u>	Permanent			
						Dote :	
	a Porent / Guardi						
Pin :				Phone No. :			
1. A	Academic Details :						
SI. No.	Qualifying Examination	Register No.	Board of Exam	Subject Studied	Marks obtained	% Marks	
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2.	12th / PUC	exiz qmota	E + existroq	Physics Chemistry Maths/Comp Science Biology	ographs	ioffi .č	
			STREET HAVE FOR T	TOTAL			
3.	D. Pharma B. Pharma			Aggregate of D. Pharma / B. Pharma		oe Poid	

APPLICANT'S DECLARATION

I declare that the information furnished in the application form and the enclosures are true, correct and complete to the best of my knowledge. I agree to abide by the rules and regulation of the college.

Date:							
Place:	Signature of the Candidate						
PAREN	PARENT / GUARDIAN DECLARATION						
I hereby declare that I ho	old myself responsible for	r the timely po	yment of all fees	payabl			
to the College in respect of r			age to unio 10 em				
during the period of his / he	r study at this college an	d thereafter u	entil the accounts o	ire			
closed. I also hold myself res	sponsible for the disciplin	ned behaviour	of my ward.				
Relationship with the ward.							
Date :		*					
Place:	: Signature of the Parent / Guardian						
	FOR OFFICE USE ON	LY	0770	modit			
Documents submitted							
1. 10th / SSLC Marks card	: Original + 3 Xerox	сору					
 12th / PUC Marks card Transfer Certificate Migration Certificate : 	: Original + 3 Xerox : Original + 2 xerox : Original + 2 xerox	сору					
5. Photographs	: 2 passport size + 3			2.			
	Admitted / Not Admitte		erintendent				
		Pri	incipal				
Fee Paid Rs.	Receipt No		dated				

Accountant