



SAT KAIVAL COLLEGE OF PHARMACY

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FORM NO. _____

ADMISSION FORM - B.PHARM.

Name of course	B Pharmacy		PASSPORT SIZE PHOTO		
Name of Candidate (As per ACPC Merit/GUJCET/ JEE/ NEET Qualifying Exam)					
Father's Name					
Mother's Name					
Date of Birth					
Gender	Male / Female/Transgender:				
Aadhar No					
Postal Address	PIN:				
Contact Details	(M)	(LL)			
E-Mail ID					
Family Income in Rs.					
Nationality					
Category	OPEN/EWS/SC/ST/SEBC/DS: _____ PH candidate: Yes/No _____				
Detail of Qualifying Examination					
Roll No. /Seat No. Passing Year: Board: School Address with District	Subject	Theory Marks		Practical Marks	
		Marks Obtained	Marks Out of	Marks Obtained	Marks Out of
	Physics				
	Math				
	Chemistry				
	Biology				
	Technical Vocational				
	English			Aggregate	%
	Grand Total			PCM/PCB Percentile	
Detail of Competitive/Entrance Examination (GUJEC/JEE/NEET)					
Roll No.		Application Number			
PCM/PCB Percentile					
ACPC Merit No.		ACPC Merit Marks			
UDISE No.					
Date & Place:	Student's Signature		Parents/Guardian's Signature		