Approved- PCI CODE- 6224/2022 Affiliated By CSVTU Bhilai
Sanskriti Institute of Pharma. Science And Technology , Pamgarh 173
At-Post – Meu, Tehsil - Pamgarh, Dist.- Janjgir Champa (CG) Pin- 495554
E mail- principal.173.csvtu@gmail.com **Contact No.- 9755304614**
website: sanskritipharmacycollege.in

Reg. No. _____
Date. _____

REGISTRATION FORM
COURSE - D. PHARMA
Session: 2026 - 2027

(Issue of registration Form does not imply admission)

Please register the name of my Son/Daughter/ward for admission to your Institute.

1. Student Name (Block letters) :.....
   Student Name (Hindi):.....
2. Date of birth (in figures and in words) :.....
   ..... Blood Group : .....
3. Nationality of Candidate ..... Religion .....
   Mother Tongue:.....HomeTown.....Cast SC/ST/OBC/GEN.....
4. Aadhar Number :.....
5. Father's Name :.....
6. Mother's Name :.....
7. Address : Village/City.....Post.....
   Tahshil.....Thana.....Dist.....
   State..... Pincode.....
   Mobile No :.....Parents Mobile No :.....
   E mail ID: .....
8. Attached By Documents :

(1)	10th , 12th	(2)	Previous Class Certificate (If)
(3)	T.C . & C.C. Certificate	(4)	Migration
(5)	Caste Certificate & Residential Certificate	(6)	Aadhar Card
(7)	Gap Certificate (If)	(8)	ABC ID .....

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PHOTO

DECLARATION

I here by certify that the above information is correct to the best of my knowledge and belief. Further, I fully understand that the Institute , on accepting the registration form of my ward, is not bound to grant admission.

Date Place:

Sign. of

admission Incharge Sign. Students Sign. of the Parent/Guardians