

SHREE N L PATEL COLLEGE OF PHARMACY, UMRAKH

Website : www.snlpcc.ac.in

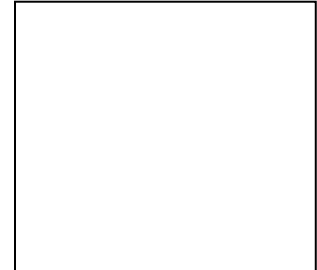
PMKVY Scheme

STUDENT REGISTRATION FORM

Skill Centre Name: SHREE NARANJIBHAI LALBHAI PATEL COLLEGE OF PHARMACY, UMRAKH

Course Name: _____

Location: _____



Personal Information

Name: _____

Gender _____

Fathers Name: _____

Mothers Name: _____

DOB: / /

Caste Category: _____

Address of communication: _____

Contact No. : (M) _____ **E mail:** _____

Aadhar Card No.: _____

Educational Qualification: _____

Declaration: I certify that the above information provided by me is true and correct to the best of knowledge, information and belief. I also agree to adhere to kushal bharaat guidelines and instruction and accept that all decisions pertaining to the education, examination, certificate and placement shall be final and binding on me.

Date _____ **Place** _____ **Signature of applicant** _____