

SOMANY EDUCATIONAL INSTITUTIONS

SOMANY COLLEGE OF PHARMACY

Delhi-Jaipur Highway NH-48 Beside 3KM from City Rewari (Haryana) 123401

Enquiry Form

(Fill in Capital form)

Name of the candidate : First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

D.O.B. ( DD/MM/YY) \_\_\_\_\_ Contact no. \_\_\_\_\_

Religion \_\_\_\_\_ E-Mail ID \_\_\_\_\_

Aadhar no. \_\_\_\_\_

Particulars of parents	Father	Mother
Name		
Educational Qualification		
Profession/Occupation		
Contact no.		
E-Mail ID		
Emergency contact no.		
Family ID		

Permanent Address	Present Address
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Do you belongs to: Haryana (Yes/NO) SC/ST/GEN/BCA/BCB (\_\_\_\_). All India Category (\_\_\_\_).