Form No:- PHB/23/Reg:_____

PHB Education

Office: 3/244, Moh. Ramshala Shamli, District Shamli (U.P.) - 247776
Contact us: - 9719638415
Website: - www.phbeducation.com

REGISTRATION FORM

Date:____/_____/

Tick(√) to the class studying ☐ D. Pharm ☐ B. Pharm

School Name & Address:.....

.....

Affix latest passport size color photograph

Personal Details:-(Fill in Capital Letters)

1) **Name**

2) **Mother's Name:**

3) **Father's Name/Guardian Name:**

4) **Father's/Guardian occupation:**

5) **GENDER:** **MALE** **FEMALE** 6) **Category:- (GEN/OBC/SC/ST)**

7) **Date of Birth** D D M M Y Y

8) **WhatsApp Mob. No.**

9) **Father's Mobile No.:**

10). **Nationality.:**

11. **Communication Address:-**

.....

.....

➢ How did you come to know about PHB Education – Promotion, Newspaper, Teacher's Friend's/Relations ☐ Ex Mantra ☐ Website ☐

Date:-.....

Place:-.....

Sign. Of Student

Declarations

I certify that the information provided in the registration form is correct to the best of my knowledge.

Sign. Of Parent/Guardian