संयोजक

श्रीमती श्यामा देवी इंस्टीट्यूट ऑफ होम्योपैथिक फॉर्मेसी, अम्बेडकरनगर (उ0प्र0)

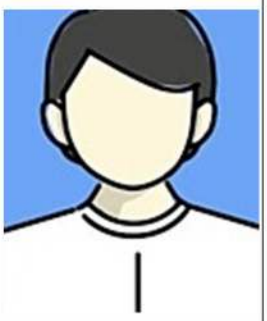
Smt. Shyama Devi Institute of Homoeopathic Pharmacy

Ambedkar Nagar (UP)

संयुक्त प्रवेश परीक्षा डी0एच0पी0 : 2026-28

## DHP Application form Session : 2026-28

| | | |
|---|---|---|
| APPLICATION NO. | : | DHP-2026260679 |
| NAME OF THE APPLICANT | : | ANIL KUMAR |
| FATHER NAME | : | RAM SWAROOP |
| MOTHER NAME | : | DURGA WATI |
| DATE OF BIRTH | : | 37427 |
| CATEGORY | : | SC |
| STREAM | : | SCIENCE |



Domecile in UP

| Sno. | Board/College Name | Groups | Passing Year | Obtain Mark | Total Mark | %age |
|---|---|---|---|---|---|---|
| 1- | --- | SCIENCE | --- | 417.6 | 600 | 69.6 |
| 2- | --- | SCIENCE | --- | 324 | 500 | 64.8 |

### DECLARATION

I hereby declare that all the information provided by me in the online admission application form and all the documents submitted are true, correct, and complete to the best of my knowledge and belief. If any information is found to be false, misleading, or incomplete at any stage, the concerned institution shall have the right to reject my application or cancel my admission, and I shall be solely responsible for the same.I agree to abide by all the rules and regulations prescribed by the institution regarding the admission process.

Signature of Applicant : _____

Date : **NULL**