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



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APPLICATION NO.	:	DHP-2026160073
NAME OF THE APPLICANT	:	SAVITA NISHAD
FATHER NAME	:	RAM KALAP NISHAD
MOTHER NAME	:	KAMLESH NISHAD
DATE OF BIRTH	:	38510
CATEGORY	:	OBC
STREAM	:	SCIENCE

Sno.	Board/College Name	Groups	Passing Year	Obtain Mark	Total Mark	%age
1-	---	SCIENCE	---	454.98	600	75.83
2-	---	SCIENCE	---	334	500	66.8

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**