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-2026160769
NAME OF THE APPLICANT	:	SHARVAN YADAV
FATHER NAME	:	MANSHARAM YADAV
MOTHER NAME	:	SANGEETA YADAV
DATE OF BIRTH	:	37483
CATEGORY	:	OBC
STREAM	:	SCIENCE



Domecile in UP

Sno.	Board/College Name	Groups	Passing Year	Obtain Mark	Total Mark	%age
1-	UP BOARD	SCIENCE	2016	378	600	63
2-	---	SCIENCE	---	340	500	68

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**