

**Kasegaon Education Society's Kasegaon  
Rajarambapu College of Pharmacy, Kasegaon  
(D Pharm)**

**AT/P- Kasegaon Tal- Walwa Dist- Sangli Pin code: 415 404**

**REGISTRATION FORM**

Name of the Institute:.....

.....

Address of the Institute:.....

.....

Contact details of Institute: .....

Name of Escorting Faculty:.....

Contact details of Faculty

Sr. No.	Name of Students	Year	Enrollment No.

---

**RCOMMENDATION BY THE HEAD OF THE INSTITUTE**

It is certified that, above mentioned students are **regular & bonafied** candidates of our institute. The information provided is true to my knowledge. Hence, they are recommended to Participate in Quiz Competition.

Place:

Date:

Seal of institute

Name & Sign  
of Principal