

APPLICATION NO.



INSTITUTE OF PHARMACY

NEHARU VIDYANAGAR, FAIZPUR 425503

Tal: - Yawal, Dist: - JALGAON (M. S.)

APPLICATION FOR THE FIRST YEAR ADMISSION TO THE DPLOMA COURSE IN PHARMACY 200 -200

- NOTES: -
- 1) Please fill the application in full and correctly.
 - 2) Please strike out the unnecessary words.

To,
The Principal,
Institute of Pharmacy,
Faizpur, Dist : Jalgaon.

I request you to kindly consider my candidature for admission to post HSC Diploma Course in Pharmacy at your Institute. I am submitting herewith all the necessary details.

1) Name: - _____
(In capital) Surname First Name Father Name

2) Name in: - _____
(Devnagri Script)

3) Sex: Male/Female

4) Date of Birth: - _____

5) Domicile: - _____

6) Mother tongue: - _____

7) Nationality: - _____

8) Permanent Address: - _____

9) Telephone No: / Mobile no:-

10) Whether place of residence is rural or urban:

11) Name of Guardian:-----

12) The annual income of guardian :-----

13) The place of learning in previous two years.

Year	Class	Name of the school
	S.S.C Exam	
	XI. Exam	

14) a) Month & Year of passing H. S. C. Examination.

b) Marks Obtained in the N. S. C. Examination.

	English	Physics	Chemistry	Biology	Mathematics	Grand Total	P C B (Total)	P C M (Total)
Marks Obtained								
Out of								

15) Whether belong to

SC	ST	VJ	NT-1	NT-2	NT-3	OBC
----	----	----	------	------	------	-----

16) Whether physically handicapped : Yes / No

17) Whether admission in Hostel required : Yes / No

Place:

Date:

Signature of the Candidate