

Shiva Institute of Pharmacy

(B. Pharmacy / D. Pharmacy / M. Pharmacy)

			the		licar	ıt (W	rite y	our nai	ne in	bloc	k Le	tters	as it	appe	ars i	n yo	ur 1	O th		
		1												T	T		$\neg \bot$			
(हिंदी	में)																			
		T	T	1	T-	T		T	1		T	T .	T	T	т	Т	-,			
			, h																	
2) 1	Date	e of]	Birtl	1									(DI	D/ M	M /	YYY	YY)			
3) §	Sex		Ma	le		F	emalo	e 🗌			4) B	lood	Gro	up						
5)]	E-m	ail I	d:-																	
6) (Cate	egor	y (tio	ek)	Mai	n:	(Gen [S	C		ST		O	ВС		7		
						S	ub:	Def _		FF		_ IR	DP [Sp	orts		BA		
7) .	EE	/HP	CET	/PA	T Sc	ore	M	arks C) btai:	ned		All	Indi	a Ra	_			ank E		ate
									-			Г			7					7
8) 1	Fath	ier's	Nar	ne:																_
(fi	हेंदी मे	i)							•						1				_	
	Γ						Go.										1	1	1	
0) N	∟ Moti	hor?	s Na	m 0 4																
7) 1	100		SIVA	me:																
	L								′											
(हिंर्द	ो में)																		_ 	
10)	I	Pern	iane	nt A	ddre	SS				Co	rresp	ond	ence	Add	lress					
	1	Vill:	1							Vil	l:									
		P.O.								P.C										
	Tehsil: Distt:							Tehsil:												
							Distt:													
	- 1	State								Sta	te									
Pin:						Pin:														

2rents Cont			Student Contact Number						
tate									
ationality			1 n	Domicile	TITI	П			
ncational Qua	lification								
Exam		61.1							
	University/Board	School	Year	Marks Obtd.	Max. Marks	%age			
Matric	demonstration of the second of								
10+2									
Diploma									
B.Sc.(N.M.)		- 1		•					
el Required	Yes		No						
	1			1 1					
se Preference B. Pharmacy		No	(if ye	s from where	e				
nse Preference B. Pharmacy D. Pharmacy M. Pharmacy	=	No	(if ye	s from where	e				
B. Pharmacy D. Pharmacy M. Pharmacy M. Pharmacy	(Pharmaceutics)	No	(if ye	s from where	e				
B. Pharmacy D. Pharmacy M. Pharmacy M. Pharmacy M. Pharmacy	(Pharmaceutics) (Pharmacognosy)		(if ye		e nt Signature				
B. Pharmacy D. Pharmacy M. Pharmacy M. Pharmacy M. Pharmacy	(Pharmaceutics)		(if ye						
B. Pharmacy D. Pharmacy M. Pharmacy M. Pharmacy M. Pharmacy Verification because original	(Pharmaceutics) (Pharmacognosy) y the Admission Conwe have personally charmacognosis, comp	nmittee:	nformation	Stude:	nt Signature	the form			
Dated Verification b	(Pharmaceutics) (Pharmacognosy) y the Admission Conwe have personally charmacognosis, comp	nmittee:	nformation	Stude:	nt Signature candidate in	the form			



Shiva Institute of Pharmacy

(M. Pharmacy/ B. Pharmacy / D. Pharmacy)

CERTIFICATE BY FATHER/GUARDIAN

(To be submitted along with application form)

I certify that my son/daughter/ward	has submitted this
application form with my knowledge and I hold m	yself responsible for his/her maintenance and
payment of fees during the stay at the institution.	The entries made by him/her in this form are
correct. I am responsible for his/her conduct in the	institute.
Dated	Signature of Father/Mother/Guardian
	Name
	Relation
	Place
	Contact No