

11) Parents Contact Number

Student Contact Number

12) State

Nationality

Domicile

13) Educational Qualification

Exam	University/Board	School	Year	Marks Obtd.	Max. Marks	%age
Matric						
10+2						
Diploma						
B.Sc.(N.M.)						

14) Hostel Required

Yes

No

15) Transportation Required Yes

No

(if yes from where.....)

16) Course Preference:

B. Pharmacy	
D. Pharmacy	
M. Pharmacy (Pharmaceutics)	
M. Pharmacy (Pharmacognosy)	

____/____/____

Dated

Student Signature

Verification by the Admission Committee:

Certified that we have personally checked the information filled by the candidate in the form, verified original Testimonials, composed these with attested copies & found all the information / documents correct.

1) Name:

2) Name:

Signature

Signature





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 myself 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.....

