

12. Institute Transport

: from____

IITM GROUP OF INSTITUTIONS MURTHAL

Please affix Self

IITM COLLEGE OF PHARMACY MURTHAL

Approved by AICTE, PCI & Affiliation to HSBTE, Panchkula, Haryana

ADMISSION CUM REGISTRATION

| FORM | No | Attested Passport Size | | | | | | |
|------|---------------------------------------------------------------------------|------------------------|--|--|--|--|--|--|
| | | Photograph | | | | | | |
| | ADMISSION FORM FOR D.PHARMACY | 0 1 | | | | | | |
| Note | e: Please fill the form in Capital Letters in neat and clean Handwriting. | | | | | | | |
| 1. | Name of Candidate (As in Xth Certificate) | | | | | | | |
| | | | | | | | | |
| 2. | Father's Name | | | | | | | |
| | | | | | | | | |
| 3. | Mother's Name | | | | | | | |
| | | \Box | | | | | | |
| | | | | | | | | |
| 4. | Permanent Address: | | | | | | | |
| | Phone No. (With STD Code Essential) Resi. No.:Off: | | | | | | | |
| | Email:Mobile No | | | | | | | |
| | Parent's/Guardian Mobile No | | | | | | | |
| 5. | Local Guardian's Name: | | | | | | | |
| | Correspondence/Local Address | | | | | | | |
| | Phone No. (With STD Code Essential) Resi. NoOff: | | | | | | | |
| | Email:Mobile: | | | | | | | |
| 6. | Date of Birth (dd/mm/yyyy):NationalityReligion | | | | | | | |
| 7. | If Foreigner/NRI, Passport No. | | | | | | | |
| 8. | . Father's Annual Income RsOccupationOccupation | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 9. | Whether you are a Kashmiri Migrant | | | | | | | |
| 10 | . Which Category you belong to SC/ST/OBC/GEN/PH/Others. | | | | | | | |
| 11 | . Hostel Accommodation : Yes/No | | | | | | | |
| 11 | . Hostel Accommodation : Yes/No | | | | | | | |

_____to__

| Exam Passed | Year | Board/University | Division | Marks | Maximum | Percentage |
|-------------|------|------------------|----------|----------|---------|------------|
| | | , | | Obtained | Marks | · · |
| | | | | /CGPA | | |
| Χ | | | | | | |
| XII | | | | | | |
| Others | | | | | | |
| | | | | | | |

ACADEMIC RECORDS: Institute Last Attended:_____

| | DECLARATION | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| and belief. I assure that those that will come int institute that would go a herein is found to be income. | declare that all the information given in this application form I shall abide by all the rules and regulations of the institute of force in future or amended time-to-time. I further assure gainst the discipline and orderly working of the institute. I un orrect or (2) I am found indulging in any act of indiscipline of shed by the institute. This may include striking off my name for the institute. | which are in vogue now as well as that I would do nothing inside the derstand that if (1) any information or (3) I fail to pay the dues in time, |
| Date: Sign | | re of the Candidate |
| | CERTIFICATE FROM THE PARENTS/GUARDIAN | |
| for admission to the inst shall abide by all the rule | Father/Mother/Guardian of Mr./Msitute, certify that I am the bonafide guardian of the candidates and regulations of the institute, which are in vogue now attime. Also all the required fees will be paid in time. | te. I assure that the candidate and |

Signature of Parent/Guardian

Date: