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HIMACHAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

NADAUN, DISTT. HAMIRPUR (H.P.) -177033

(Approved by PCI & AICTE, New Delhi and H.P. Govt.)

Affiliated to H. P. Tech. University, Hamirpur

B. PHARMACY ADMISSION FORM FOR SESSION 2018-19

Fee Receipt No. Amount Rs. Date. ___/___/20

Roll No.

Signature of Cashier

1. Name (in block letter):
(As per Matriculation Certificate)

2. Date of Birth:

3. Religion: 4. Nationality:

5. Married / Unmarried

6. Father's Name (in block letter):Sh.

7. Mother's Name (in block letter): Smt.

8. Father's Occupation:.....

9. Permanent Address:

.....

..... Tel. No.: Mob .No.:

10. Local Address:

.....

..... Tel. No.: Mob. No.:

11. Category (Gen/OBC/ SC/ ST)Sub Category.....

12. Computer Knowledge: 1.Good 2. Average 3. No

13. Language Known:(Reading, Writing, Speaking)

English: 1. Good 2. Average 3. No

Hindi 1. Good 2.Average 3 No

Passport Size
Photograph

15 . Educational Qualification:

<i>Sr. No.</i>	<i>Name of Examination</i>	<i>Roll. No.</i>	<i>Board</i>	<i>Year of Passing</i>	<i>Marks Obtained / Total Marks</i>	<i>%age of Marks</i>
1.	Matriculation					
2.	+2 (Med /Non. Med..)					
3.	Others (If any)					
4.	HPCET			-		

16. Detail of participation in other activities (If any):

17. Detail of sports activities (Games/ Level)

18. Hostel Required : Yes/ No..... **19.** Adhar No.

20. email Id:

Verification: *It is verified that above stated facts are true to the best of my knowledge and nothing has been concealed or as with held.*

.....
Signature of Father/ Guardian

.....
Signature of Candidate

Date: ____/____/20.....

Note:

- 1. Please enclose herewith Attested copy of:*
a.) Educational Qualification Certificate b.) Character Certificate c.) Passport size photos
d.) Bonafide certificate e.) Adhar card f.) Migration certificate(if applicable)

FOR ADMISSION COMMITTEE USE ONLY

After the scrutiny of admission form and all necessary documents, admission committee of the institution has no objection to enroll Mr. / Ms. Son/ Daughter of Sh. For course

Date: ____/____/20

Signature
Member of
Admission committee

Signature
Convener,
Admission committee

On the basis of recommendation of admission committee of the institution I allow to enroll Mr./ Ms. as a regular student.

Director/ Principal