

SVI COLLEGE OF PHARMACY & RESEARCH

A. B. Road, Nirawali-Rairu, Gwalior (M.P.)

ADMISSION / REGISTRATION FORM

IMPORTANT INSTRUCTION

- Use only blue / black ball pen.
- Write in CAPITALS neatly.
- Do not cut or overwrite.

For office use only

FORM No. _____

DATE _____

ADMISSION No. _____

Paste your recent photograph here
(do not pin/stapal)

1. Candidate's full name (do not write Mr./Ms. etc.)

2. Sex Male Female

3. Date of birth _____

4. Blood group _____

5. Nationality _____

6. Religion _____

7. Marital status Single Married

8. Please tick any one write the name below Father's Name

Husbandr's Name

9. Father's or Husband name (do not write Mr./Dr etc)

Father's telephone no. (with STD code)/mobile No.

10. Mother's Name

11. Full meiling address (do not write your name here) (house No./Street/Villag.)

District _____ Pin Code _____

State _____ Country _____

STD code _____ Phone number _____

12. Name of the course (s) applied for admission (tick on appropriate block)

Preference I D. Pharmacy B. Pharmacy

13. Accommodation applied in hostel Yes No

14. Category SC ST OBC General

15. Academic qualification of the candidate

Name of Examination	Name of School / College	Board / University	Year of Passing	%age of Marks
H.Sc.				
10+2 / Equivalent				
Graduation				
P.G				
Otrhers				

16. Subjects :

17. Photocopy Enclosed

10th	<input type="checkbox"/>	T. C. Original	<input type="checkbox"/>
12th	<input type="checkbox"/>	Migration Certificate Original	<input type="checkbox"/>
Under Graduate / PG	<input type="checkbox"/>	Photoes 5 Nos. Original	<input type="checkbox"/>
Domicile	<input type="checkbox"/>		
Caste Certificate	<input type="checkbox"/>		
Aadhar Card	<input type="checkbox"/>		
Samagra ID	<input type="checkbox"/>		
Income Certificate	<input type="checkbox"/>		

DECLARATION

I hereby declare that the information supplied above is true and complete to the best of my knowledge and belief and my admission may be cancelled at any stage if the given information found as incorrect. I also undertake to abide by all the rules and regulations of the institute enforced from time to time

(Signature of Father/Guardian)

(Signature of the Candidate)

Please check if you have attached following with the form :

<input type="checkbox"/>	A demand draft of Rs. 500/- favour of SVI COLLEGE OF PHARMACY & RESEARCH payable at Gwalior.
<input type="checkbox"/>	Three additional copies of candidate's photograph.
<input type="checkbox"/>	A copy of the mark-sheet of 10th or equivalent examination.
<input type="checkbox"/>	A copy of the mark-sheet of 12th or equivalent examination.
<input type="checkbox"/>	A copy of the mark-sheet of 10+2 or equivalent examination.
<input type="checkbox"/>	A copy of the mark-sheet of UG or equivalent examination in applicable.

Date :

(SIGNATURE OF THE PRINCIPAL/HOD)

Place :