



SHREE JI INSTITUTE OF PHARMACEUTICAL EDUCATION & RESERCH

Approved By PCI, AICTE & AFFILIATED to AKTU, BTE, Lucknow. Sikarpur Sarai Road, Vill. Bichola Dhooki,
Bilari, Moradabad, Ph: 9058468854

Please fill the form carefully & use capital letters only.

| | | | |
|------------------------|----------------------|-----------------|----------------------|
| Admission No. | <input type="text"/> | Course applied: | <input type="text"/> |
| Date of Admission : | <input type="text"/> | PHOTO | |
| Student's Name : | <input type="text"/> | | |
| Father's Name : | <input type="text"/> | | |
| Mother's Name : | <input type="text"/> | | |
| Date of Birth : | <input type="text"/> | | |
| Whatsapp/Mobile : | <input type="text"/> | Phone : | <input type="text"/> |
| Aadhaar Number : | <input type="text"/> | | |
| Bank A/C Number : | <input type="text"/> | | |
| Religion : | <input type="text"/> | | |
| Parent's Occupation : | <input type="text"/> | | |
| High school Roll No. : | <input type="text"/> | | |
| Intermediate Roll No. | <input type="text"/> | : | |

Certificate Details

| | | | |
|-----------------------------|----------------------|-------------|----------------------|
| Domicile Application Number | <input type="text"/> | Issued Date | <input type="text"/> |
| Domicile Certificate Number | <input type="text"/> | | <input type="text"/> |
| Caste Application Number | <input type="text"/> | Issued Date | <input type="text"/> |
| Caste Certificate Number | <input type="text"/> | | <input type="text"/> |
| Income Application Number | <input type="text"/> | Issued Date | <input type="text"/> |
| Income Certificate Number | <input type="text"/> | | <input type="text"/> |

Annual Income :

Email Id :

TC No. :

Note : Countersign is compalsery for all B.Pharma Student

TC Issued date :

Nationality :

Category : Sub Category :

Bank Name : _____

IFSC CODE :

Branch Name : _____

Blood Group : _____

Home Address: _____

| LAST EXAM PASSED | NAME OF BOARD | TOTAL MARKS | DIVISION WITH PRECENTAGE | REMARKS |
|------------------|---------------|-------------|--------------------------|---------|
| | | | | |

HIGH SCHOOL DETAIL WITH ALL CLEARIFICATION

| COLLEGE NAME | NAME OF BOARD | TOTAL MARKS | DIVISION WITH PRECENTAGE | REMARKS |
|--------------|---------------|-------------|--------------------------|---------|
| | | | | |

Documents Attached

A) _____

B) _____

C) _____

D) _____

FOR OFFICE USE ONLY

Date of Registration: _____

Admission No: _____ Admitted to class: _____

Date:- _____

DIRECTOR/PRINCIPAL