Swami Vivekanand Institute Of Pharmacy And Research

(Under Shubhnarayan Educational Foundation)

Registration Form

Registration Date: _____

Registration No: _____

Admission Required For:( ) B. Pharmacy |( ) D. Pharmacy

AffixPhotoof Student

Note: Please Use CAPITAL LETTERS ONLY

We_____And_____

Wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Swami Vivekanand Institute Of Pharmacy And Research.

A. Information Of The Student

First Name | Middle Name | Last Name

Gender ☐ Male ☐ Female | Date of Birth DD MM YY | Date of Birth In Words

Blood Group | Religion | Caste | Nationality

Aadhar No.

Category SC/ST ☐ OBC ☐ GEN ☐ OTHERS ☐

RESIDENTIALADDRESS

Father's Mobile No. | Mother's Mobile No.:

E-mail Id: _____ E-mail Id:_____

NOTE: IN CAPITAL LETTERS ONLY

Distance From Institute (in Km): | Preferred Phone Number For Institute SMS/WhatsApp

S. No.	Qualification	Marks Obtained	Total Marks	%of Marks	Medium Instruction	Year of Passing
1	10th					
2	12th					
3	Graduation					

Wheather Appeared For PPHT?_____, If Yes: Year of PPHT _____Rank_____

……OfficeUseOnly……

Registration Fee_____ Receipt No_____ Date: _____/_____/ _____

Transportation Required? (☐ Yes / ☐ No)

_____

Participant Signature