INNOVATIVE COLLEGE OF PHARMACY

Recognised by A.I.C.T.E. & Approved by PCI, New Delhi
Affiliated to Dr. APJ AKTU & BTE UP-Lucknow
Plot No. 6, Knowledge Park-2, Greater Noida-201308
Tel.: 0120-2328555, 08800200051, 52, 53

REGULAR ADMISSION FORM

Please paste your recent passport size Photo here

SESSION .....

F. No.: _____

Course (Please Tick ✓) **D.Pharm** ☐ **B.Pharm** ☐ **M.Pharm** ☐ **Lateral** ☐

Full Name of Candidate

School Name and City

Father's Name

Father's Occupation _____ Mobile No.

Mother's Name

Mother's Occupation _____ Mobile No.

Date of Birth (DD/MM/YYYY) Caste SC/ST/OBC/Gen. Caste Certificate No. Gender M ☐ F ☐

Examination	Board / University	Year	Subject	Marks Obtained	M.Marks	% of Marks
X						
XII			Physices			
			Chemistry			
			Maths / Bio			
Graduation						
Others						

Permanent Address _____

_____ State _____ Pin Code _____

Correspondence Address _____

_____ State _____ Pin Code _____

Nationality _____ E-mail _____ Aadhar No. _____

Telephone no. with STD Code (Residence) 10th Serial No. 12th Serial No.

Mobile No. 10th Roll No. 12th Roll No.

Date

Candidate's Signature

Documents Enclosed :

- 10th Marksheet & Certificate ☐
- 12th Marksheet & Certificate ☐
- Graduation Marksheet & Certificate ☐
- Domicile ☐ Caste Certificate ☐
- PG Marksheet & Certificate ☐
- Migration Certificate / Transfer Certificate ☐
- Gap Certificate ☐
- Character Certificate ☐
- Aadhar Card ☐

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved that information is fraudulent, I shall be liable to criminal prosecution.

Date Father / Guardian Signature

FOR OFFICE USE ONLY

Ref by : .....

Admission Incharge