



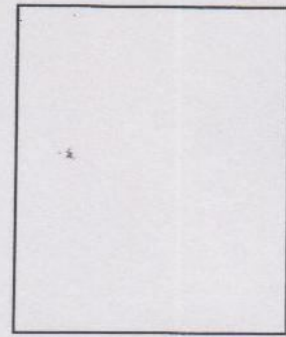
F.No.: _____

INNOVATIVE COLLEGE OF PHARMACY

Plot No. 6, Knowledge Park-2, Greater Noida-201308

Tel.: 0120-6524033, 08800200051-52-53

Regular Admission Form



Courses : (Please Tick ✓)

B.Pharm D.Pharm M.Pharm

Note : Write all particulars in Dark Blue / Dark Black Ink

Lateral

Full Name of Candidate

Father's Name

Father's Occupation

Mobile No.

Mother's Name

Mother's Occupation

Mobile No.

School Name and City

Date of Birth (DD/MM/YYYY)

Nationality

Caste SC/ST/OBC/Gen.

Gender

 M F

Examination	Board / University	Year	Subject	Marks Obtained	M.Marks	% of Marks
X						
XII						
Graduation						
Post Graduation						
Others						

Permanent Address _____

State _____

Pin Code _____

Correspondence Address _____

State _____

Pin Code _____

E-mail _____

Telephone no. with STD Code (Residence)

Mobile No.

10th Serial No.

Date

Document Enclosed :

- 10th Marksheet & Certificate
- 12th Marksheet & Certificate
- Graduation Marksheet & Certificate

10th Roll No.

- PG Marksheet & Certificate
- Migration Certificate / Transfer Certificate

Candidate's Signature

Downloaded from the Website

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

Date

Father / Guardian Signature