JEEVAN GOPI INSTITUTE OF PHARMACY AND TECHNOLOGY

(Managed by Sant Gopichand Education and Welfare Society)

Ahera, Baghpat (U.P.)

STUDENT REGISTRATION FORM (Session: ……)

1. PERSONAL DETAILS

Full Name of the Student: _____

Date of Birth (DD/MM/YYYY): _____

Gender: _____

Category: _____

Nationality: _____

Paste
Passport Size
Photo Here

Religion: _____

Mobile No.: _____

Email ID: _____

Aadhar No.: _____

2. PARENT / GUARDIAN DETAILS

Father's Name: _____

Mother's Name: _____

Occupation (Father/Mother): _____

Mobile No. (Father): _____

Mobile No. (Mother): _____

Guardian (if any): _____

Relationship with Guardian: _____

3. ADDRESS

Permanent Address:

_____

_____**Pin Code:** _____

Correspondence Address (if different):

_____

_____**Pin Code:** _____

4. COURSE APPLYING FOR

Course Name: [ ] D.Pharm [ ] B.Pharm

Mode of Admission: [ ] Through Counseling [ ] Direct Admission

5. EDUCATIONAL QUALIFICATIONS

Exam Passed	Board/University	Year of Passing	Subjects	Marks Obtained	Total Marks	Percentage

6. DOCUMENTS ATTACHED (TICK MARK)

[ ] Marksheet (10th)

[ ] Marksheet (12th)

[ ] Transfer Certificate

[ ] Character Certificate

[ ] Aadhar Card

[ ] Passport Size Photos (4)

[ ] Caste Certificate (if applicable)

[ ] Income Certificate (if applicable)

DECLARATION BY THE STUDENT AND GUARDIAN

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I shall abide by the rules and regulations of the institute.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Note: The application form must be filled and submitted offline along with the required documents to the College Admission Department.

Admission Query : +91 8923942070