



# Shiva Institute of Pharmacy

(M. Pharmacy/ B. Pharmacy / D. Pharmacy)

1) Name of the Applicant (Write your name in block Letters as it appears in your 10<sup>th</sup> class marks card)

First Name:

Middle Name

Last Name

2) Date of Birth

(DD/ MM/ YYYY)

3) Sex: Male

Female

4) Blood Group

5) Aadhaar Card

6) Parents Contact Number

Student Contact Number

Student WhatsApp Number

7) E-mail Id:-

Student ABC ID:-

8) Category (tick)

Main: Gen

SC

ST

OBC

Sub: Def

FF

IRDP

Sports

BA

9) JEE/HPCET/PAT Score

Marks Obtained

All India Rank

Rank HP State

10) Father's Name:

11) Mother's Name:

**10) Permanent Address****Correspondence Address**

Vill:	Vill:
P.O. :	P.O. :
Tehsil:	Tehsil:
Distt:	Distt:
State	State
Pin:	Pin:

**11) State**

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Nationality 

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**12) Educational Qualification**

Exam	University/Board	School	Year	Marks Obtd.	Max. Marks	%age
Matric						
10+2						
Diploma						

13) Hostel Required      Yes            No      14) Transportation Required      Yes            No      **15) Course Preference:**

B. Pharmacy	<input type="checkbox"/>
D. Pharmacy	<input type="checkbox"/>
M. Pharmacy (Pharmaceutics)	<input type="checkbox"/>
M. Pharmacy (Pharmacognosy)	<input type="checkbox"/>
M. Pharmacy (Pharmacology)	<input type="checkbox"/>

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature

**Verification by the Admission Committee:**

Certified that we have personally checked the information filled by the candidate in the form, verified original Testimonials, composed these with attested copies & found all the information / documents correct.

1) Name:

2) Name:

Signature

Signature



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## CERTIFICATE BY FATHER/GUARDIAN

(To be submitted along with application form)

I certify that my son/daughter/ward.....has submitted this application form with my knowledge and I hold myself responsible for his/her maintenance and payment of fees during the stay at the institution. The entries made by him/her in this form are correct. I am responsible for his/her conduct in the institute.

Dated.....

Signature of Father/Mother/Guardian

Name.....

Relation.....

Place.....

Contact No.....



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## Certificate of Medical Fitness

(To be obtained from not below the Class 2 Gazetted Officer)

- Note:** 1. This certificate will not be accepted on other format.  
2. This certificate issued by the private medical practitioner will not be accepted.

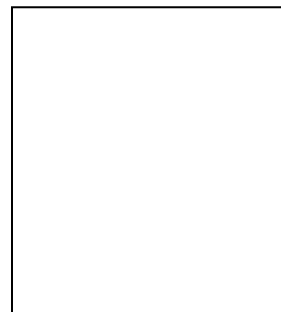
1. Name : .....
2. Father's Name : .....
3. Height : .....
4. Chest : .....
5. Heart & Lungs : .....
6. Vision : .....
7. Color Vision : .....
8. Hearing : .....
9. Hernia/Hydrocele/Piles : .....
10. Blood Group : .....
11. Comments, if any : .....

Certified that I..... (Name of M.O.) have carefully examined Mr./Ms. ....Son/Daughter of Sh..... has no mental and physical disease and is completely fit for technical education.

Signature of the Candidate

Place.....

Dated.....



Signature of the Medical Officer

(With Stamp)