

SIDDHARTHA INSTITUTE OF PHARMACY
REGISTRATAION FORM 2012-13

1. Name:	First Name	Middle Name	Last Name	<p>PHOTO</p>
	
2. Category	GEN / SC / ST / OBC / PHC			
3. Date of Birth.	.....		
4. Father's Name	.....		Mother's Name	.....
	a. Qualification.	.....	a. Qualification.	.....
	b. Occupation.	.....	b. Occupation.	.....
	c. Income Per Annum.	.....	c. Income Per Annum.	.....
5. Local Address (Presently residing)	.....		
			
	a. State.	.....	b. City.	.....
6. E-mail ID (Applicant)	.....		E-mail ID (Parent)	.....
7. Cell No. of student	.....		Cell No. of Parent	.....
8. Parents expectation from Institution.	.....		
	a.	.....	
	b.	.....	
	c.	.....	
9. Qualifying Examination.			Marks / % secured	
	10 th			.....
	11 th			.....
	12 th	Passed (% secured) / Appeared		.....
10. Fees : Demand Draft. for Rs. 1500	Draft No.		dated	drawn on
	.....payable at Dehradun.			
	(50% of the sum deposited would be refunded if admission is not sought. But the same would be adjusted if admission is granted.)			

Signature of Applicant

***Admission shall be based on Merit, Group Discussion and Personal Interview.**

***Decision of Admission Committee of "SIP" shall be final and binding.**

*** Please fill registration form along with DD for Rs. 1500/- in favour of "Siddhartha Institute of Pharmacy".**

(NB: Write your name, address and contact number on the reverse of the Demand Draft).