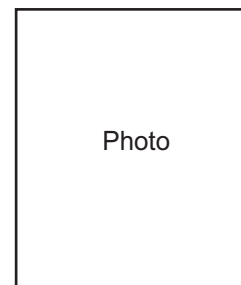




Spectrum Institute of Pharmaceutical Science and Research

Plot # 20-21 Knowledge Park 1, Near Kailash Hospital, Gr. Noida, Gautam Budh Nagar-201306, (U. P.)
Tel. : 0120-2326162 Email : principal@sipsar.com http://www.sipsar.com

ADMISSION FORM



From No.

Date :

Photo

PERSONAL DETAILS:

STUDENT NAME:

MOBILE NO. 1: MOBILE NO. 2:

EMAIL ID :

DOB: Category: Sex:

FATHER DETAILS:

FATHER'S NAME:

MOBILE NO.

EMAIL ID: OCCUPATION:

ADDRESS:

MOTHER'S DETAILS:

MOTHER'S NAME:

MOBILE NO.

EMAIL ID: OCCUPATION:

ADDRESS:

	Board/University	Year	Subject	Total Marks	Percentage
X					
XII					

Document Check List:

1. Class 10th Certificate and mark sheet.
2. Class 12th Certificate and mark sheet.
3. Class 12th TC / CC/ Migration certificate.
4. Cast, Domicile & Income certificate.
5. Aadhaar card.
6. Passport size 05 photo.
7. Affidavit for gap (If applicable)

I have declare that the entries made by me in the application form are complete and true the best of my knowledge and based on the record. I undertake to present the original documents immediately upon demand by the concerned authority of the institute.

Date :

Student signature.....

Parent signature.....

Student thumb impression:



For Office use only

Ref. By :

Ref. By:

Course Fee check list:

Course fee	1st Year	2nd Year	3rd Year	4th Year