

Reg. No.



Dr. S.K.Toshniwal Educational and Research Trust's

VIDARBHA INSTITUTE OF PHARMACY

Gut No. 114, Anjankhed, Near Gurudwara, Hingoli Road, WASHIM-444505 (MS)

Phone : 07252-288999, 9552360406, 9604980308

ADMISSION REGISTRATION FORM

For Office use only:

1. Name : _____
Surname Name Father's name Mothers Name

2. Gender : (Write 'M' for Male and 'F' for Female _____
Caste : _____

3. Address for correspondence: _____

Phone No. And Mobile No. _____

4. Detail of SSC (Std. X) and HSC (Std. XIIth) or equivalent Examinations:

Examination passed	Year of Passing	Name of School / College with address/Board	Total Marks Secured	Total Maximum Marks
SSC				
HSC				
D.Pharm				

5. State from where passed the qualifying examination (XII th Std) _____

6. Marks secured in HSC (Std. XII) or equivalent Examination:

Subject	Marks Obtained	Maximum Marks
Physics		
Chemistry		
Biology		
Mathematics		
Grand Total of Marks of all the Subject at HSC		

7. Total marks in Physics, Chemistry and Biology or Mathematics _____ out of 300
(Take one subject out of two in which scored highest marks)

8. Marks scored in MH-CET 2010 _____ out of 200
(Attach attested Xerox copy of the score sheet)

DECLARATION BY THE APPLICANT

I hereby declare that,
I fully understand that the offer of ADMISSION will not be entertained for the purpose of claims in connection with my admission on the basis of this form details and submitting this form just for information purpose only. In case of admission I shall apply separately.

Date:.....
Place:.....

Signature of Applicant.....
Name of Applicant.....