



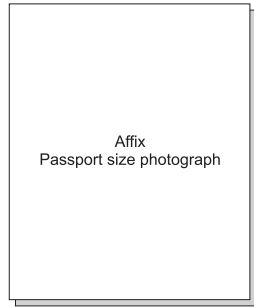
Vikrant Institute of Integrated Learning and Advanced Studies

APPLICATION FORM

Form No.: A10

ALL THE ENTRIES ARE TO BE PUT IN BLACK INK AND BLOCK LETTERS

Course Applied For B.Pharma D.Pharma M.Pharma



Affix
Passport size photograph

1. Personal Particulars

NAME
(As given in High School Certificate / Birth Certificate)

FATHER'S NAME

MOTHER'S NAME

DATE OF BIRTH (DD/MM/YY) SEX: Male Female BLOOD GROUP

PLACE OF BIRTH NATIONALITY

PASSPORT DETAILS
Number ISSUING AUTHORITY

PERMANENT ADDRESS

CITY
PINCODE

CORRESPONDENCE ADDRESS

CITY
STATE PINCODE
TELE NO. MOBILE NO.

LOCAL GUARDIAN'S ADDRESS

TELE NO.



Vikrant Institute of Integrated Learning and Advanced Studies

2. Qualifications (Photocopies of all the relevant testimonials are to be enclosed)

EDUCATIONAL QUALIFICATIONS (From Class X onwards)

Sl. No.	Institution	Examination	Year of Passing	Subjects	Total Marks	Percentage	Remarks

PROFESSIONAL QUALIFICATIONS

Sl. No.	Institution	Examination	Year of Passing	Subjects	Total Marks	Percentage	Remarks

Specialisation Applied for in priority of your options (As applicable)

- (a) Option I :
- (b) Option II :
- (c) Option III :

Enclosures: 5 Photographs, Migration Certificate, Character Certificate, Transfer Certificate and Photocopies of all relevant certificates, drafts etc.

NB: Each certificate is to be signed by the candidate and counter-signed by his/her parent.

I hereby declare that the details given above are true to the best of my knowledge. I promise to abide by the rules and the Code of Conduct as formulated by VGI. I also understand that I shall be liable for disciplinary action if I default on the said rules.

Date _____

Place _____

Signature of the Candidate

Signature of the Parent



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3. Miscellaneous Details

FEE

- (A) Course: (a) Yearly (b) Half-Yearly
(B) Mode of Payment: Cheque/DD/Cash (a) Date of Payment _____ (b) Receipt No. _____

HOSTEL

- (a) Required by: Boy / Girl (b) Date (c) Charges _____
(d) Mode of Payment: Cheque/DD/Cash (e) Receipt No. _____

CONVEYANCE

- (a) Required: Yes / No
(d) Pick up point _____

Signature of the Candidate

4. Office Details

Candidate Code _____

Identity Code _____ Date of Issue _____

Library Code _____ Date of Issue _____

Fee Deposit Details:

Course _____

- a) 1st Semester / 1st Year
b) 2nd Semester / 2nd Year
c) 3rd Semester
d) 4th Semester

Signature of the Accounts Officer

Signature of the Admin Officer