a	0	0
ж	ч	D
	•	•

Re	aist	ra	tion	No.	

Academic Year :

Prabodhan Sshikshan Prasarak Sanstha's (Reg. No. E - 697 Ratnagiri)

INDIRA INSTITUTE OF PHARMACY

A/P. Sadavali (Devrukh), Tal. Sangameshwar, Dist. Ratnagiri, 415 804 (Maharashtra)

(02354) 241799, Fax: 241499, E-mail: info@iip.ind.in, Website: www.iip.ind.in
(Approved by AICTE & PCI, New Delhi, Recognised by D. T. E. & Affiliated to University of Mumbai, Mumbai)

APPLICATION FORM FOR ADMISSION *

	AL	I la	10	AIII				VIAI		JIX	-	91	7115	331		A						
Year Please Tick 🗸	res Pl	Fi	rst Ye	ear			Direc	t Sec	cond	d Yea	i l									en.		
Date :																			Pas	offix Sspor Pho		
* Category :			2					-														
. Name : Mr./Ms. (Surname, Name Father's, Mother's)							10					110							TUT			
. Date of Birth :			Ī				201	Age	e : [Ge	nder	:	Blo	od G	roup	:[1 TO	emo' U 73	0.0	
Place of Birth :					iikai			PARTIES A				Ale	rgic	To : (if any)	501			100	HIC	
. Present Address						=1	610	ion ⁴			95.0		707						Paris	h n		
	PI	N		THA	DI.	99	A, Y	e-m	ail	TTA	SPA	J) E C	3		_						L
Phone No. (with STD Code)				otto i			Udill	Legis			Cell	:					1					L
. Permanent Address			YOR				n tui repu						n di l	704								
vesioner and you had		Par V				end.	101 11	n					1 - 11					CC CC	car			
. Father/Guardian's			_								+					1	+	_				-
Name								124														
. Father / Guardian's	Occup	oation	n: [15	1111	3 32	123		810 RI	07.		Ann	iual Ir	ncom	e:R	s.					
Father / Guardian's Workplace Address :	- 12	2														13, (1	-24	T		pri		
	PI	NI.	0		6		- 2	e-m	ail													
Phone No. (with STD Code)	F	200					11/2	G-111	ian)		Cell	:				T	1					
. Caste and Religion											T							- 1	11			

^{*} This is only Application Form for Admission and does not confirm right to admission

Examination Year of Passing		Examination Board	Total Marks Obtained (out of)	Percentage	Maths Mark		
S. S. C.	M) NOE 8 13 July	Tall Sergenishmen Eller, Hamilton and States	Sedevall (Dovralla),	TSA (III)			
H. S. C.	o preside per	BAL ST. Del bergrad M. T.E. SARS	DE AUTRE POR SERVICE	Akgreind T	><		
Diploma	MOTO	SIMUA HOS MIN	MUTAN	AMPER.	><		
Qualifying examinat	ion H. S. C PC	B / PCM Marks out of 300	id with	19	10		
Physics C	Chemistry	Biology / Mathematics	Total	Percenta	ige		
CET Score :							
11. Name of the Last	School / College :						
attended							
12. Do you need host	el accomodation :	YES NO					
13. Enclosure Check	List: (Original + 5	5 sets of Attested Photocopies)					
☐ Allotment Lette	r	☐ ' Non-Creamy Layer Ce	ertificate ' if applicable				
CET Score Car	rd no seem	☐ Certificate of Indian Na	tionality				
SSC Mark She	et	☐ College / School Leavir	ng Certificate / Transfer	Certificate / Mi	gration Certifica		
☐ HSC Mark She	et	☐ 'Income Certificate ' if	applicable				
☐ Diploma Mark	Sheet	☐ Photo Copy of Ration C	Card ' if applicable '				
☐ ' Cast Certifica		☐ Passport Size Photogra					
		cable ☐ Gap Certificate if applic					
	17/3	2 (1)					
		DECLARATION BY	APPLICANT				
l,		S/D of			her		
furnished therein is the fees paid by me institution and shall & carry out the com	incorrect or untre shall be forfeited maintain the requirements of assign	the information furnished abue, I realise that I am liable for d. I further undertake that if adruired attendance in theory and ments and / or experiments, for failing which, I may be detained.	disciplinary action / c mitted I shall abide by I practical classes as rom time to time as m	ancellation of all the rules & per University ay be notified	admission and regulations of of Mumbai Ru		
		- A					
Date:		Signature of the Parer	nt/Guardian S	Signature of the	ne Candidate		
Date:							
	AT amount to	/ FOR OFFICE USE	ONLY	reitingueso e in	other / Grandle		
	AR SHOOTE PA	(FOR OFFICE USE	20	n e Dosugalion	ather / Gandli		
	Mr./Miss.:	(FOR OFFICE USE	20	sum of Rs	office O Creation		
Place:	- 2	(FOR OFFICE USE	the		man harry or		