IMS
INSTITUTE OF MEDICAL SCIENCES

PCI-3952

Approved by Pharmacy Council of India , New Delhi &
Jharkhand State Pharmacy Council, Ranchi
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E-mail : ims012019@gmail.com | Website : www.imsranchi.org.in

Roll No. _____

Reg. No. _____

S.No._____

Recent Passport Size Photo

APPLICATION FORM

FOR DIPLOMA IN PHARMACY COURSE (D.PHARM)

Session : ..... Date of Admission .....

(Fill in the block letters)

NAME:

FATHER'S NAME:

MOTHER'S NAME :

OCCUPATION :

ADDRESS FOR CORRESPONDENCE :

PIN-

PERMANENT ADDRESS:

PIN-

DATE OF BIRTH :

SEX : Male Female

AADHAR NO. :

MOBILE NO. 1 MOBILE NO. 2

E-MAIL ID :

State : Nationality

Educational Qualification :

Name of Exam Passed	Name of the Board / University	Session	Year of Passing	Marks Obtained	Percentage of Marks	Division

Declaration

I, do hereby declare that the submissions made above are true to the best of my knowledge, Information and belief. If false information being found, my candidature may be terminated without any prior notice to me.

Date _____

Note :

(i) Submission of CLC/Migration (Original)

(ii) The Applicant should attach self attested xerox copies of the certificate in support of his qualification.

(iii) Date of receipt of application at the college counter is _____ Receipt No._____

(iv) Student should affix their recent passport size photograph in Box.

_____ Candidate's Signature

_____ Guardian's Signature

_____ Checked by

_____ Approved by

The total course Fee

Fee once deposited will not be refunded under any circumstance.