

**HALDIA INSTITUTE OF PHARMACY***(An Institute of ICARE)*

ICARE Complex, P.O.: Hatiberia, Haldia Purba Medinipur, WB- 721657

Approved by : All India Council for Technical Education &amp; Pharmacy Council of India

**Application for the admission to Diploma in Pharmacy (D.Pharm)**

Session : 20..... – 20.....

- 1) Name (in block letters).....
- 2) a) Name of Father.....
- b) Name of Mother.....
- c) Name of Guardian (if any).....
- d) Relationship with guardian.....
- e) Permanent Address.....
- .....Pin.....
- Phone:.....
- Email: .....
- f) Present Address.....
- .....P.S. ....Pin.....
- g) Local guardian address (if any).....
- .....P.S. ....Pin.....
3. Email:.....Ph:.....
- Gender..... Category.....Nationality..... Religion.....

Paste your  
recent  
passport size  
colour  
photograph  
with signature

**4. Date of Birth (As per school final certificate DD/MM/YYYY):**

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**5. Academic Details (from 10 class and above):**

Examination	Board/ Institution/ University	Year of Passing	Sub.	Theory		Practical		Total marks obtain ed	Total marks in PCM (12 <sup>th</sup> )	Total Marks in PCB (12 <sup>th</sup> )	Over all %
				Total Marks	Marks obtain ed	Total Marks	Marks obtain ed				
10 <sup>th</sup>			x	X	X	X	X				
10+2			Phy.								
			Chem.								
			Bio.								
			Math.								
			Eng.								

**6. Extracurricular activities:**

7. Mother Tongue:.....

8. Language(s) Known [Put a (v) tick mark]

	Read	Write	Speak
English			
Hindi			
(other specify)			

9. Annual Family Income : .....

10. Occupation of Father/ Guardian: .....

11. Reference (with address) 1.....

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2.....

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**Declaration by Candidate:**

1. I declare that all the statements furnished in this Application are true & correct to the best of my knowledge & belief. In the event of any information furnished by me found incorrect, my candidature will be terminated.
2. I shall scrupulously abide by the institute standing orders and do everything in my power to enhance the reputation and honour of the Institute and the professor for which I am commencing my studies. I shall not commit any dishonourable act & shall not take part in any subversive activities including ragging in any form inside or outside the campus. I undertake to pay Institute and Hostel dues regularly.

\_\_\_\_\_  
Signature of Parents/ Guardian

Date:

\_\_\_\_\_  
Signature of Candidate

Date:

**List of Documents to be enclosed:**

1. Self attested two copies of 10<sup>th</sup> & 12<sup>th</sup> Admit card, Mark sheets & certificates.
2. Self attested copy of Character certificate & School Leaving Certificate.
3. 2 copies of Passport size & Stamp size photographs.
4. Submit Self attested copy of Voter id & Aadhar card.

.....  
(Office Use Only)

Selected

Rejected

Remarks:

Documents verified with original.

(Office In-Charge)  
(Seal)

.....  
(Name/ Signature of Official Admission U.....)  
(Official Seal)