

For Office Use:
Application No.:
College Reg. No.:

University Roll No.:
University Enrolment No. :



Sagar Institute of Technology & Management Department of Pharmacy

Session.....

Affix Your LATEST
Passport Size Photo
(35mmx35mm)

Don't staple

✓ Tick on the appropriate options

1. Course : B.Pharm
2. Mode of Admission : UPSEE Management Others Handicap
3. Category: GEN SC ST OBC
4. Name (in BLOCK Letters): As per High School Certificate:
- In English (a)
- In Hindi (b)
5. Date of Birth: DD MM YY 6. Sex: M F
7. Blood Group : A B AB O
- Rh: Positive [+] Negative [-]

8.(a) Educational Qualification:

Exam	Board University	Year of Passing	Div.	Percentage Marks*				Aggregate % PCM/PCB/ Diploma/ Graduation
				Phy	Chem	Bio	Maths	
High School								
Intermediate								
B.Sc. (for II yr Direct)								
Diploma (for II yr Direct)								

*Biology or Math, Physics & Chemistry are compulsory subject during Intermediate.

8(b). Scholarship / Distinction / Honours / Award Obtained : _____

9. Father's Name and Occupation : _____

10. Mother's Name: _____

11(a) Permanent and Postal (If different) address of Father/Guardian: _____

Tel.: _____ email: _____

11(b). Local Guardian's Name & Address: _____

Tel.: _____ email: _____

12. Annual Income of Father / Guardian : _____

13. Extra Curricular activities that you have participated or are interested in (with level of Participation)

(a) Sports : _____

(b) Other activities : _____

14. Hostel & mess facility required: Yes No

15. Bus facility from Lucknow required Yes No

(a) I hereby affirm that the statements made & information furnished in my application for admission and also in all the enclosures submitted by me are true. Should it however be found that any information furnished is untrue in material particulars, I realize that I am liable for criminal prosecution and cancellation of my admission to the institute or any other penalty as per rules of the University & Institute.

(b) I am not involved in any criminal case.

(c) I have not been debarred/ rusticated from similar course from any other institution/University.

Date: / /

Signature of the Applicant

ORIGINAL CERTIFICATE SUBMITTED

X Standard Mark Sheet

Transfer Certificate

Medical Certificate

X Pass Certificate

Income Certificate

Cast Certificate

XII Standard Mark Sheet

Graduation Mark Sheet

Domicile Certificate

XII Pass Certificate

Migration Certificate

Character Certificate

Signature of the authorized person (SITM, DOP)