



SIDDHARTHA INSTITUTE OF PHARMACY

Approved by AICTE New Delhi & PCI, Recognized by Govt. of Uttarakhand and
Affiliated to Uttarakhand Technical University & Uttarakhand Board of Technical Education

D.PHARM. (2Yrs.), B.PHARM.(4Yrs.), M.PHARM (2 Yrs.)

FOR SESSION: _____

*Candidate's
Photo*

REGISTRATION FORM

1. _____
First Name Middle Name Last Name

2. Date of Birth

3. Category GEN/SC/ST/OBC/PHC _____ 4. Nationality _____ 5. Religion _____

4. Father's Name _____ Mother's Name _____

5. Permanent Address _____

City _____ State _____ PIN _____

6. E-mail ID of student _____

7. Cell No. of student _____

8. Educational Qualification

S.N.	Name of Exam Passed	Year of Passing	Board/University	Percentage of Marks
1.	High School - X			
2.	Intermediate - 10+2			
3.	Graduation			
4.	Others			

9. **Fees** : Demand Draft. for Rs. 1500 Draft No. _____ dated _____ drawn on _____ payable at Dehradun. (50% of the sum deposited would be refunded if admission is not sought. But the same would be adjusted if admission is granted.)

Signature of Applicant

DECLARATION OF THE STUDENT

1. I have read and understood all the rules and regulations of the Institute and I undertake to abide by them.
2. All particulars furnished in my application are true to the best of my knowledge and belief.
3. I undertake to pay entire fees prescribed for the course periodically and as decided by the Institute.
4. I agree to abide by the rules for various facilities provided by the Institute.
5. I understand that fees once paid, shall not be refunded in whatsoever situation-either by way of cancellation withdrawal, of admission, expulsion from college on disciplinary grounds etc. or detention from appearing in examination due to shortage of attendance or otherwise except refundable security deposit, if any.
6. I agree that the Security/ Caution money deposited by me will be refunded only after deducting any kind of dues of the college after completion of the course.
7. I understand that in case any statement made by me is found incorrect, my admission is liable to be cancelled, in addition to initiation any other legal proceeding against me

Signature of Student

Date: _____

DECLARATION BY THE PARENT/GUARDIAN

I hereby declare that I shall be responsible for all the activities of my ward and shall comply with all the responsibilities arising out of his/her non compliance of rules and regulations of institute. I also understand that fees once paid, shall not be refunded in whatsoever situation-either by way of cancellation, withdrawal, of admission by ward, his/her expulsion from college on disciplinary grounds etc. or detention from appearing in examination due to shortage of attendance or otherwise except refundable security deposit, if any. and shall promptly intimate the college any change in my telephone number and E-mail address.

Signature of Parent/Guardian

Date: _____

DOCUMENT CHECKLIST

- | | | |
|--|--|--|
| <input type="checkbox"/> X Standard Mark sheet | <input type="checkbox"/> XII Standard Mark sheet | <input type="checkbox"/> XII Pass Certificate |
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Transfer Certificate | <input type="checkbox"/> Migration Certificate |
| <input type="checkbox"/> Caste Certificate | <input type="checkbox"/> Permanent Address Proof | <input type="checkbox"/> Character Certificate |

SIDDHARTHA GROUP OF INSTITUTION

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