



IEM - INSTITUTE OF PHARMACY

(Approved by Pharmacy Council of India) PCI Code : 5850

(Affiliated to Board of Technical Education, Uttar Pradesh)

Campus : Agasan, Kursi Road, Barabanki - 225302

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APPLICATION FORM

Self Attested
Passport Size
Photograph

1. Course Applied for **DIPLOMA IN PHARMACY**
2. Name (in block letters) _____
3. Father's Name _____
4. Husband's name if married _____
5. Mother's Name _____
6. Occupation (a) Father _____ (b) Mother _____
7. Parent's annual income _____
8. Permanent Address _____

Pin Code _____ Guardian's Mob. No. _____
9. Mailing Address _____

Aadhar No. : _____
Mob. (Aadhar Based) : _____ E-mail : _____
10. Date of Birth _____ 10. High School Roll No. / Board: _____
11. Whether you belong to SC ☐ ST ☐ OBC ☐ GEN ☐ MINORITY ☐ [✓]
12. Academic & Professional Qualification : (Start with High School)

Examination Passed	Board / University	Passing Year	Main Subject Specialization	% of Marks
High School				
Intermediate				
Graduation				
Others				

Terms and Conditions will applicable as per affiliating Body.

13. **Instruction to the candidate**
 - a) Original copy of Transfer Certificate or Migration.
 - b) Attested copies of the mark sheets of qualification.
 - c) Fee once deposited is not refundable under any circumstances.
 - d) Dispute if any will be subject to Lucknow jurisdiction.
 - e) Parent Annual income certificate.
 - f) Caste and Domicile certificate.
 - g) Aadhar Card
 - h) Whether appearing in Joint Entrance Test ? Yes/No

Date

Signature of the Guardian

Signature of the Candidate

(For Office use only)

1. Application form is scrutinised found complete/incomplete.
2. Admitted/Wait-Listed/Rejected/Provisional Admitted

Date

Administrative Officer Signature