

Registration No. Dt. Application Form No.
 State Category Delhi/Non-Delhi.....(For Office Use only)
 (of Qualifying Examination)

**GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
 DELHI INSTITUTE OF PHARMACEUTICAL
 SCIENCES & RESEARCH (DIPSAR)
 PUSHP VIHAR, NEW DELHI-110017
 (Affiliated to University of Delhi)
 APPLICATION FORM FOR M. PHARM (2008-2009)**

Combined aggregate %
Total Marks
Max. Marks.....
(Sign of Verifying Officer)

- Name in Full (Capital letters)
- Father's/Guardian's Name
- Father's/Guardian's Occupation and Address
- Mother's Name
- Mother's Occupation and Address
- Local Address
Telephone No.
- Permanent Address
- Date of Birth..... (Age as on 1.10.2008).....
- Nationality.....
- S.tate to which the candidate belongs
- Whether belongs to S/C or S/T Yes/No
- Was your father disabled or killed during hostilities Yes/No
- Details of Examination Passed:

PHOTO (Passport size attested)

Examination	Name of Board/ University	Roll No.	Year of Passing	No. of Attempts	Marks obtained in Aggregate (Theory)	Max. obtained in Aggregate (Theory)	Aggregate Percentage theory upto two decimal digits	Combined aggregate % in theory
Gate								
B. Pharm I*								
II								
III								
IV								

* Not for Delhi Students
 No. of attempts taken to clear the final B. Pharm Exam.

- Choice of the speciality in order of preference
 1.
 2.
 3.
 4.
- Date :
 Place : Signature of the Candidate

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 DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES & RESEARCH (DIPSAR)
 PUSHP VIHAR, NEW DELHI-110017
 ACKNOWLEDGEMENT SLIP**

Combined %

- Name of the Applicant
(To be filled by the candidate)
- Registration No.
(To be given by office)
- Date of Registration

Signature of the Receiving Officer
 with Stamp of the Institute

Tick the Category

G	S/C	S/T	D	H
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D

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DELHI INSTITUTE OF PHARMACEUTICAL
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PUSHP VIHAR, NEW DELHI-110017
(Affiliated to University of Delhi)
APPLICATION FORM FOR DIPLOMA IN PHARMACY
(2008 - 2009)**

PCB/M %.....
Total Marks.....
Max Marks
(Sign of Verifying Officer)

1. Name in Full (Capital letters)
2. Father's/Guardian's Name
3. Father's/Guardian's Occupation and Address
4. Mother's Name
5. Mother's Occupation and Address
6. Local Address
- Telephone No.
7. Permanent Address
8. Date of Birth Age as on 1.10.08
9. Nationality
10. State to which the candidate belongs
11. Whether belongs to S/C or S/T Yes/No
12. Was your father disabled or killed during hostilities Yes/No
13. Details of Examination Passed:

PHOTO (Passport size attested)

	Examination	Name of Board/ University	Roll No.	Year of Passing	Max. Marks in aggregate	Marks obtained in aggregate	Max Marks of PCB/M	Marks obtained in PCB/M	% PCB/M upto two decimal digits
1.	Intermediate 12th or 10 + 2						P	P	
							C	C	
							B/M	B/M	

Date:

Place:

Signature of the Candidate

PCB/M %

Application No.

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DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES & RESEARCH (DIPSAR)
PUSHP VIHAR, NEW DELHI-110017**

ACKNOWLEDGEMENT SLIP

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Signature of the Receiving Officer
with Stamp of the Institute

Tick the Category

G	S/C	S/T	D	H
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B

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PUSHP VIHAR, NEW DELHI-110017
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APPLICATION FORM FOR Ist / IInd B. Pharm, (2008 - 2009)**

PCB/M %.....
Total Marks.....
Max Marks
(Sign of Verifying Officer)

1. Name in Full (Capital letters)
2. Father's/Guardian's Name
3. Father's/Guardian's Occupation and Address
4. Mother's Name
5. Mother's Occupation and Address
6. Local Address
- Telephone No.
7. Permanent Address
8. Date of Birth Age as on 1.10.08
9. Nationality
10. State to which the candidate belongs
11. Whether belongs to S/C or S/T Yes/No
12. Was your father disabled or killed during hostilities Yes/No
13. Details of Examination Passed:

PHOTO (Passport size attested)

	Examination	Name of Board/ University	Roll No.	Max. Marks	Marks obtained in aggregate	Marks obtained in PCB (to be shown separately)	Max Marks of PCB	Marks Obtained in PCB	% PCB upto two decimal digits
1.	Intermediate 12 or 10+2								
2.	For IInd Yr. B. Pharm only Diploma in Pharmacy (Theory Marks only)	University of Delhi	1st year			Aggregate %			upto two decimal digits
			2nd year						

Date:

Place:

Signature of the Candidate

PCB/%

Application No.

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