

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 (2009-2010)**

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 1.10.2009.....)
- 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.

14. 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
SCIENCES & RESEARCH (DIPSAR)
PUSHP VIHAR, NEW DELHI-110017
(Affiliated to University of Delhi)
APPLICATION FORM FOR DIPLOMA IN PHARMACY
(2009 - 2010)

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 1.10.09
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)

No.	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

1. Name of the Applicant
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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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DELHI INSTITUTE OF PHARMACEUTICAL
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PUSHP VIHAR, NEW DELHI-110017
(Affiliated to University of Delhi)
APPLICATION FORM FOR Ist / IInd B. Pharm, (2009 - 2010)**

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 1.10.09

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:

	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						

PHOTO
(Passport size attested)

Date:

Place:

Signature of the Candidate

PCB/%

Application No.

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ACKNOWLEDGEMENT SLIP**

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with Stamp of the Institute