

Tick the Category

G	S/C	S/T	D	H
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D

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 DIPLOMA IN PHARMACY
(2011-2012)**

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. e-mail
7. Permanent Address
8. Date of Birth.....Age as on 1.10.2011
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 digital
1.	Intermediate 12th or 10 + 2						P	P	
							C	C	
							B/M	B/M	

Date:

Place:

Signature of the Candidate

PCB/M %

Application No.

**GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES & RESEARCH (DIPSAR)
PUSHP VIHAR, NEW DELHI-110017**

ACKNOWLEDGEMENT SLIP

1. Name of the Applicant.....
(To be filled by the candidate)
2. Registration No.
(To be given by office)
3. 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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B

Registration No. Dt. Application Form No.

State Category..... Delhi/Non-Delhi..... (For Office Use only)

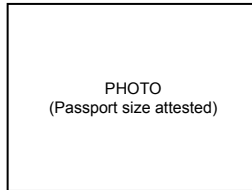
(of Qualifying Examination)

**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 Ist / IInd B. Pharm, (2011-2012)**

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. e-mail
7. Permanent Address
8. Date of Birth.....Age as on 1.10.2011
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 12th 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/M %

Application No.

**GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES & RESEARCH (DIPSAR)
PUSHP VIHAR, NEW DELHI-110017
ACKNOWLEDGEMENT SLIP**

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

Signature of the Receiving Officer
with Stamp of the Institute

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 (2011-2012)

Combined aggregate %.....
 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. e-mail
7. Permanent Address
8. Date of Birth.....Age as on 1.10.2011
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	No. of Attempts	Marks Obtained in Aggregate (Theory)	Max. Obtained in Aggregate (Theory)	Aggregate Percentage theory upto two decimal digits	Combined aggregate % in Theory
GPAT								
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

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES & RESEARCH (DIPSAR)
 PUSHP VIHAR, NEW DELHI-110017
ACKNOWLEDGEMENT SLIP

Combined %

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

Signature of the Receiving Officer
with Stamp of the Institute