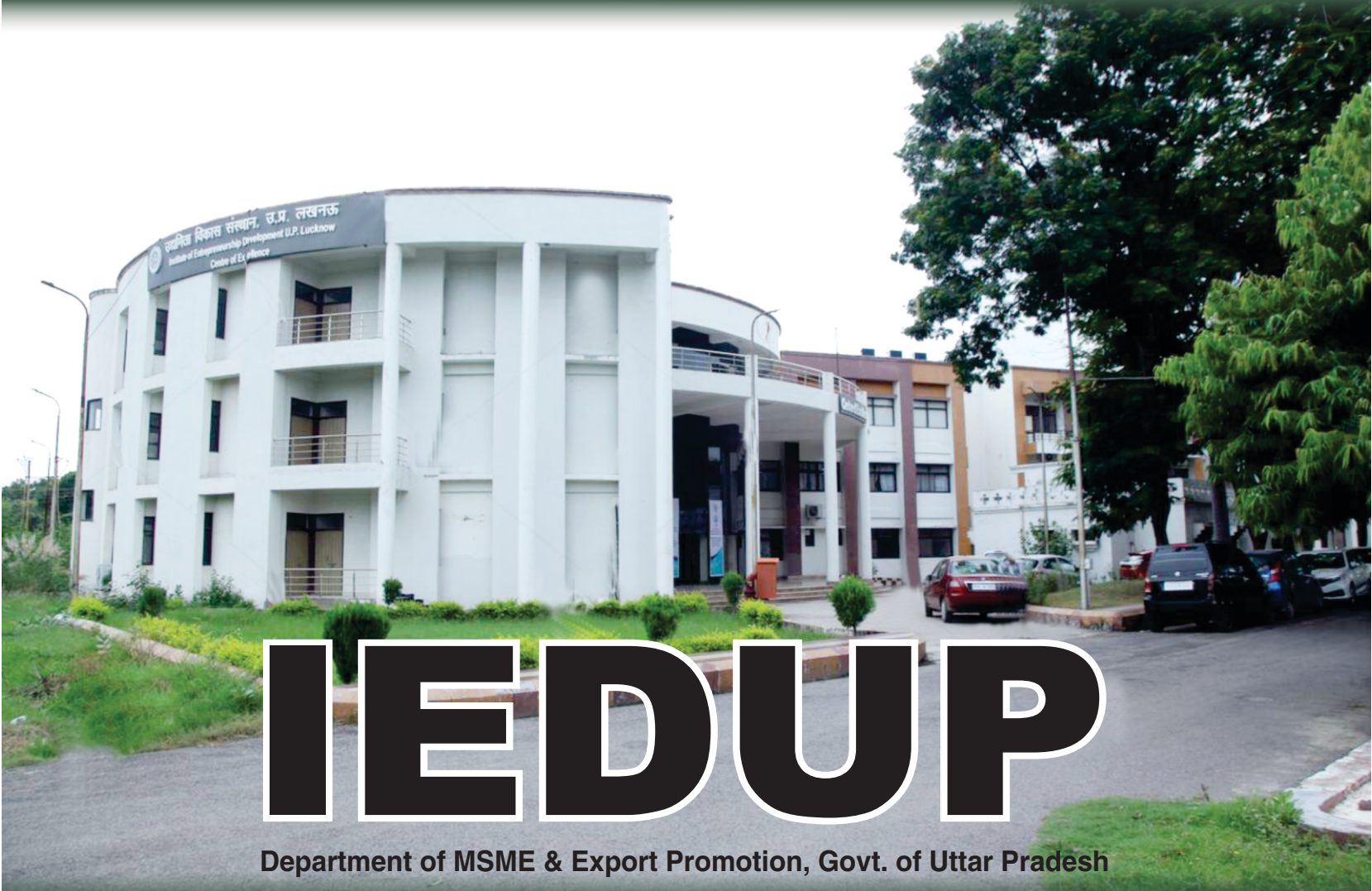




Application No.



Department of MSME & Export Promotion, Govt. of Uttar Pradesh

EXCELLENCE CENTRE OF PHARMACY

Approved by PCI, New Delhi
Affiliated to BTE, Lucknow

director@iedupecp.in | www.iedupecp.in

IED HOTEL MANAGEMENT

Approved by AICTE, New Delhi
Affiliated to AKTU, Lucknow

director@ieduphm.in | www.ieduphm.in

A-1 & A-2, Industrial Area, Sarojini Nagar, Kanpur Road, Lucknow, Uttar Pradesh, 226008
Contact No. 8006666355, 7376091052, 9305407523



EXCELLENCE CENTRE OF PHARMACY

Approved by PCI (Ministry of HRD, Govt. of INDIA) & Affiliated to BTE, Lucknow

APPLICATION FORM

Photo

Application No.

PERSONAL DATA OF STUDENT

Name of Applicant Gender: Male Female
Date of Birth Mobile No.
Category (Please Tick ✓) General OBC SC ST

Please tick (✓) Preference from the given Courses

B.Pharma D.Pharma

Permanent Address:

Village/ Mohalla/Streets
District
State PIN

Current/Local Address:

Village/ Mohalla/Streets
District
State PIN

Parent's/ Guardian's Details:

Father's Name Mother's Name
Occupation Desigation
Student's Mobile No. E-Mail ID
Father's Mobile No. Family Income/per year:(Rs.)

Academic Qualification:

Examination Passed	Roll No.	Year of Passing	School/College	Board	Agg. %
X					
XII					
Diploma					
Graduation					
Other Qualification					

Details of Marks

Details of PCM / PCB scored in XII Std.

	Math	Physics	Chemistry	Biology	% of PCM/PCB Subject
Max. Marks					
Obtained Marks					

Competitive Examination:

Name of Examination	Roll No.	Marks	Category	General Rank	Category Rank	State Rank

Facilities

Hostel Accommodation Required (Y/N) Transportation Facility Required(Y/N)

Reference Information:

Name: Mobile : Designation:
 Address: E-Mail:

Awards:

Please list below all significant awards,prize and scholarship you have received

1	
2	
3	

DECLARATION

I understand that final admission is subject to policies of affiliating body (University/Board) for which Institute will not be responsible.

I hereby declare that the information furnishedabove is true and complete. I understand and agree that misrepresentation or omission of facts will justify the denial of admission/cancellation of admission.

I undertake to adhere the rules and discipline of Institute if my admission is finalized.

I adhere all the rules and regulations of University/Board regarding my attendance.

Signature of Candidate

Date:

Left Thumb Impression

Signature of Parent's/Guardian's

Date:

Aadhar No.

For Office Use Only

Remarks :	I	II	III	IV

Documents Required

S. No.	Particulars	Original	✓	Self Attested Photocopy	✓
1	10th Marksheet	Verified		Submitted	
2	10th Certificate	Verified		Submitted	
3	12th Marksheet	Verified		Submitted	
4	12th Certificate	Verified		Submitted	
5	Transfer Certificate/Migration	Submitted		Submitted	
6	Income Certificate	Verified		Submitted	
7	Caste Certificate	Verified		Submitted	
8	Domicile Certificate	Verified		Submitted	
9	EWS Certificate (If Applicable)	Verified		Submitted	
10	Photo (Colored -05)	Submitted		Submitted	
11	Counselling Certificate	Verified		Submitted	
12	Gap Affidavit	Submitted		Submitted	
13	PH/Ex Army/Freedom Fighter dependent Certificate	Verified		Submitted	
14	Aadhar Card	Verified		Submitted	
15	Medical Certificate	Submitted		Submitted	

Documents Verified By

Admission Approved By.....

IEDUP

Department of MSME & Export Promotion, Govt. of Uttar Pradesh



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