



Tagore Institute of Pharmacy & Research

(Under Swargiya Usha Devi Educational Society)

Registration Form

Registration Date: _____

Registration No: _____

Admission Required For : () B.pharmacy | () D. Pharmacy

Affix Photo of Student

Note: Please Use CAPITAL LETTERS ONLY

We _____ And _____

wish to admit our son/ daughter/ward whose particulars are given below as a day scholar at Tagore Institute of Pharmacy & Research.

A. Information Of The Student

First Name _____ Middle Name _____ Last Name _____

Gender
 Male Female

Date of Birth
 DD MM YY

Date of Birth In Words

Blood Group

Religion

Caste

Nationality

Aadhar No. _____

Category SC/ST OBC GEN OTHERS

RESIDENTIAL ADDRESS

Father's Mobile No. _____

Mother's Mobile No.: _____

E-mail Id: _____

E-mail Id: _____

NOTE: IN CAPITAL LETTERS ONLY

Distance From Institute (in Kms): _____ Preferred Phone Number For Institute SMS/ Whatsapp _____

S.No.	Qualification	Marks Obtained	Total Marks	%of Marks	Medium Instruction	Year of Passing
1	10 th					
2	12 th					
3	Graduation					

Whether Appeared For PPHT? _____, If Yes: Year of PPHT _____ Rank _____

.....Office Use Only.....

Registration Fee _____

Receipt No _____

Date: ____ / ____ / ____

Transportation Required? (Yes / No)

Participant Signature