



Kalol Institute of Pharmacy

BY:- Umiya Mata Kadva Patidar Education and Samaj Seva Trust

Approved by AICTE, New Delhi and Affiliated to GTU, Ahmedabad.

KIRC CAMPUS, Ahmedabad Mehsana Highway, Kalol (N.G.)-382721.

Tel. No. (02764) 259151/52; 9099063125 Website: www.kirc.ac.in; Email: kip_kalol@yahoo.co.in

Registration Form – B. Pharmacy (U.G.)

Admission on: Government / Management / Free quota

12 th Std Seat No.		12 th Marks	/300	/450	Passport Photo
GSEB / CBSE					
Gujcet Seat No.		Gujcet Marks			
NEET Seat No.		NEET Marks			
ACPC Merit Marks		ACPC Merit No.			
12 th Passing Year		GUJCET Passing Year			
Student ADHAR Card No.:					

Personal Details

Full Name of Student (In Block Letters, As per H.S.C. Mark sheet)							
Father's Name							
Mother's Name as per ADHAR Card							
Sex: Male / Female		Email ID:					
Applicant's Address (Present)		Applicant's Address (Permanent)					
_____		_____					
_____		_____					
_____		_____					
Pin Code:		Pin Code:					
Phone: _____		Phone: _____					
Date of Birth:	Birth Place:	Religion:	Caste:				
Category:	SC	ST	NT	DNT	SEBC	OPEN	PHHD

Information of Applicant's Father/Guardian

Relation with Applicant: _____ Occupation: _____

Designation: _____ Yearly Income: _____

Details of 12th / Gujcet Exam:

Subject	Marks obtained				
	Theory	Practical	Gujcet	NEET	10 th Std.
English	/100	--			Year: Marks: / %:
Physics	/100	/50			
Chemistry	/100	/50			
Biology	/100	/50			
Maths	/100	--			
Total (EPCB / EPCM)	= 400	= 150 (P)			
Total (PCB / PCM)	= 300	= 450 (T&P)			

Documents Required & Attached

Sr. No.	Name of Document	Required	Attached
1	10 th Markscard	Yes	
2	12 th Markscard	Yes	
3	School Leaving Certificate	Yes	
4	GUJCET Mark sheet & Application Form	Yes / No	
5	NEET Markscard & Application Form	Yes / No	
6	Adhar Card (Front and Back page)	Yes	
7	Passport size Photo: Three (3)	Yes	
8	Caste Certificate for a candidate belonging to SC, ST and SEBC	Yes / No	
9	Non Creamy Layer Certificate of the family	Yes / No	
10	Income Certificate	Yes / No	
11	PIN Taken from Bank	Yes / No	
12	Bank Details (Passbook First Page with IFSC Code)	Yes / No	

I hereby declare that

- (a) The information given by me in my Bio-Data/Registration is true to the best of my Knowledge and belief.
 (b) I shall abide by all rules and regulation prescribed by Kalol Institute of Pharmacy currently in force and as amended from time to time.

Place: Kalol**Date:** _____**Signature of Parent/Guardian****Signature of Applicant**