

SIR ATMA RAM INSTITUTE OF PHARMACY AND TECHNOLOGY

ENQUIRY FORM FOR ADMISSION

Enquiry For: D.Pharm./B.Pharm. (Tick on Appropriate course)

- Name of Student:_____
- Address for correspondence:_____

- Contact Number(s):_____ Parent MobileNo._____
- Category:_____
- Date of Birth:_____
- HSC Marks Detail (For UG Course)

Subject	Physics	Chemistry	Biology	Maths	Total of PCM/PCB (Whichever is higher)	% Aggregate in HSC
Marks Obtained						

- For PG Course: UG Marks:_____
Branch Preferred_____

- Documents/Certificates Possessed_____

- CET Details:
CETName:
RollNo./Exam Seat No.:_____
Marks Obtained:_____

Date:

Signature of Candidate/Guardian/Parent