

R. C. Patel Institute of Pharmaceutical Education & Research

ENQUIRY FORM FOR ADMISSION

Enquiry For: D.Pharm./ B.Pharm./M.Pharm./
B.Tech.(Cosmetics)/MBA (Tick on Appropriate course)

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

- Contact Number(s): _____ Parent Mobile No. _____
- 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:**
CET Name:
Roll No./Exam Seat No.: _____
Marks Obtained: _____

Date:

Signature of Candidate/Guardian/Parent