



**SEEMANTA INSTITUTE OF PHARMACEUTICAL SCIENCES**  
**JHARPOKHARIA - 757 086, MAYURBHANJ (ORISSA)**

**Student Admission Data Sheet**  
**to M. Pharm / B. Pharm / D. Pharm; Session: 2016-17**

*(To be entered neatly by the candidate)*

1. Candidate's Name: \_\_\_\_\_; Sex: M / F; Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 2. Father's Name: \_\_\_\_\_; Phone No \_\_\_\_\_  
 3. Mother's Name: \_\_\_\_\_; Phone No of candidate  
 4. Local Guardian's Name: \_\_\_\_\_  
 5. Religion: \_\_\_\_\_ 6. Category: Gen/SC/ST/OBC/SCBC  
 7. Address \_\_\_\_\_ Adhaar Card No. ....

<u>Permanent address</u>
_____ _____ _____

<u>Address for correspondence</u>
_____ _____ _____

8. Email Id.: .....  
 9. Educational qualification:

Exam passed	Univ./Council/Board	Marks/ Full mark	% of mark	Division
+ 2 Sc		/		
D Pharm		/		
B Pharm		/		

Bank A/c No- ..... Name of A/c Holder.....  
 Name of Bank..... Branch.....; IFSC Code.....

**Declaration by Student**

- I undertake that the given information in data sheet is correct as per my knowledge and belief.
- I shall abide the rules and regulations of the Institution.
- I shall not involve myself in ragging in any manner.
- I shall accept the punishment imposed upon me if I shall deviate any rule.

Date \_\_\_\_\_

**Signature of the Student**

**Undertaking by Guardian**

I undertake that the information given above by my ward is correct as per my knowledge and belief. My ward will abide the rules and regulations of the Institution and will not be involved in ragging in any manner. I shall pay the college fees within 15<sup>th</sup> July of each session. I have no objection to accept the punishment which will be imposed upon my ward on deviation of any rule.

Date \_\_\_\_\_

**Signature of the Guardian**