

# RITEE INSTITUTE OF PHARMACY (RIT-IP) RAIPUR



## REGISTRATION FORM FOR B. PHARMACY COURSE - 2010-11

Name : .....

Date of Birth : .....

Father's Name : .....

Mother's Name : .....

Permanent/Present Address: .....

Phone No : (O) .....(R) .....(Mob.) .....

Year of Passing Class 12th : .....Marks in Class 12th: Total .....Out of.....

Physics : ...../.....Chemistry :...../..... Biology :...../.....

Name of School : ..... Board : .....

Marks / Rank in C. G. P.P.H.T.-2010 : Rank ..... Marks .....

Date:

Signature of Candidate

REGISTRATION FORM