



MAHATMA GANDHI INSTITUTE OF PHARMACY LACKNOW

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E-mail: admin@mgip.org Website: www.mgip.org

APPLICATION FORM

The Application form has to be filled by the candidate in his/her own hand writing. Should accompany certificate and testimonials.

Photo

Telephone No.:

Mobile No.:

Name of the Applicant

Father's/ Husband's/ Guardian Name:

Mother's Name:

a) Permanent Address:

b) Local Address:

c) Email:

Gender:

Male

Female

Date of Birth (dd/mm/yyyy)

UPSEE Rank:

Nationality:

Educational Qualification:

Name of Exam	Year	Board/ University	Percentage
High School			
Intermediate			
Graduate			

I have carefully read the prospectus & promise to abide by the exiting rules & regulations and those that may be framed from time to time. I declared that the entries mentioned above are correct to the best of my knowledge and brief.

Date:

Guardian Signature

Applicant Signature (Full)

For Office use only

Received On : Admitted/Rejected

Remarks :

Director (Administration)