

REGISTRATION / APPLICATION FORM

MAHATMA GANDHI INSTITUTE OF PHARMACY, LUCKNOW



Junab Ganj, Kanpur Road, Lucknow-226001. Ph: 0522-3208180, 3207914, 2208050, 3012576,

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

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

Telephone No.:

Mobile No.:

Photo

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 existing rules & regulations and those that may be framed from time to time. I declare 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)