

# F.I. PHARMACY COLLEGE

## REGISTRATION FORM

**Session: 2017-18**

### DIPLOMA PHARMACY [D. PHARMA]

(Approved by AICTE New Delhi, Pharmacy Council of India & Board of Technical Education, Lucknow)

Date: .....

Course Interested .....

Student Name: .....

Date of Birth: ..... Category .....

Address : .....

Contact No. .... (Mob.) ..... (L.L.)

Father's/Guardian Name: .....

Father's Mobile No. : .....

Examination	Board	Year	Subjects	%
INTERMEDIATE				
HIGH SCHOOL				

pl. attach photocopies

Signature of Parent/Guardian

Signature of Student

फार्म को भरकर निम्न आफिस के पते पर भेजे

# F.I. PHARMACY COLLEGE

1223, KHAND DEV, BANTHRA, KANPUR ROAD, LUCKNOW.

Email: fipharmacycollege@gmail.com

**9004050480, 9307218354, 9795962000**