



## EDUCATION BACKGROUND

Course	School/College	Board/University	Year of Passing	Division/ Passing Percentage
Class X				
Class XII				

SUBJECT	Physics	Chemistry	Biology/Math	Total (PCB/M)	English
Full Marks					
Marks Obtained in Percentage					

## APPLICANT'S DECLARATION

I wish to apply for admission to the IQ City Institute of Pharmaceutical Sciences course/s and declare that all the above particulars are true to the best of my knowledge and belief. I agree that acceptance of this application does not confer on me any right in respect of selection for admission. I have not taken admission in any institute after passing the Higher Secondary or equivalent examination.

I agree to pay the college fees as determined by the management of IQ City Foundation. I affirm that I will follow all the rules and regulations mentioned in the Students' Rule Book and as prescribed by the college authorities from time to time.

Date .....

Signature .....

## PARENT'S/GUARDIAN'S DECLARATION

I am aware of the financial obligations for my child/ward applying to IQ City Institute of Pharmaceutical Sciences, Durgapur, and I undertake to pay the tuition and other fees payable to the institution as per the rules of the institution. I also affirm that my child/ward shall follow the Students Rule Book and all regulations as prescribed by the college from time to time.

Date .....

Signature .....

You are requested to bring this duly filled in form at the time of admission.

# APPLICATION FORM



**PHARMACY COURSES ACADEMIC SESSION** .....

**ALLOTTED COURSE** .....

CANDIDATES TO FILL INFORMATION WITH A BLACK/BLUE BALL POINT PEN IN CAPITAL LETTERS ONLY

WBJEE/SMF Rank ..... Roll No. ....

## CANDIDATE'S DETAILS

Name of the Applicant .....

Date of Birth ..... Sex M F Marital Status Single Married

Nationality ..... Blood Group ..... Category GEN SC ST OBC

Permanent Address .....

City ..... State ..... Pin .....

Mobile ..... Email .....

## PARENT/GUARDIAN'S DETAILS

Mother's Name ..... Occupation .....

Father's Name ..... Occupation .....

Guardian's Name ..... Occupation .....

Parent/Guardian's Contact Number ..... Email .....

Permanent Address .....

City ..... State ..... Pin .....

## PAYMENT DETAILS

### Admission Fees + Academic Fees (IQ City Medical College)

Mode of Payment

Bank Draft in favour of IQ City Medical College (Payable at Durgapur) RTGS NEFT

SL #	Draft/RTGS/NEFT Number	Bank's Name	Branch	Amount	Date
1					
2					

You are requested to bring this duly filled in form at the time of admission.