SWAMI SHRI VIVEKANAND
VETERINARY PHARMACIST TRAINING INSTITUTE

Sunder Nagar, Distt. Mandi (HP) 175002 Tel : 01907-266532
Mob. : 98170-38005, 98167-06532, 94180-57336

Form No.

APPLICATION FORM FOR 2 YEAR DIPLOMA IN VETERINARY PHARMACIST FOR THE ACADEMIC SESSION.....

Affix Attested recent photograph

APPLIED FOR: i) Govt.and state quota seat

(Please tick the choice) ii) Management Quota Seats

1. Name of the applicant (In capital letters).....
2. Father's Name .....
3. Date of Birth .....(as per matriculation certificate)

(Attested copy to be attached)

4. Age on 31st Decemeber should be compliting of 16 yrs.....
5. State of bonafide /Domicile.....
6. Address for correspondence.....

.....

7. Permanent Address.....

.....

8. Telephone Number for contact.....
9. Percentage of marks in 10+2 examination (Attested copy to be attached)

Total Marks.....Marks Obtained .....(%age)

10. 10+2 Passed in Group: (1) Medical (2) Non-Medical (3) Arts (4) Commerce.
11. (i) Category (General/SC/ST/OBC).....(Photocopy to be attached)

(ii) Sub-Category (IRDP, Ex-Serviceman/Ward of Ex-Servicemen, Physically handicapped, Children/Grand Children of Freedom Fighter) (Photocopy to be attached)

(iii) Bonafide Certificate (iv) Medical Cerificate (v) Undertakings

12. Draft/IPO No.....

Name of Bank/PO.....Date .....

13.Marital Status.....

Declaration :

I, the above named applicant do hereby certify that the above information is true to the best of my knowledge and no part of it is false & nothing has been concealed there form. It is further declared that for any kinds of wrong information, my candidature will be liable to be rejected straightway.

Signature of Applicant

Date :