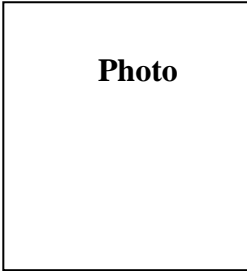




ADMISSION FORM

Course / Branch : _____
Enrollment No.: : _____
Date of Admission : _____
DTE Counselling Round : _____



Candidate's Name (in Capital letter)

Father's Name:

Occupation:

Mother's Name:

Guardian's Name:

Date of Birth:

Permanent Address:

City:

State:

Pin:

Phone No.

Present Address

City:

State:

Pin:

Phone No.: (R) (O)

Mob. No. Student: Father:

E-mail id: (1) _____ (2) _____

Gender: M / F: Blood Group

Category: GEN/SC/ST/OBC

Nationality: _____ Religion: _____ Cast: _____



ACROPOLIS
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ACROPOLIS INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

ADMISSION FORM

Admission Through: NRI /State Level (M.P. /All India): _____

Aadhar Card No. : _____

EPIC/Voter ID No. : _____

Samagra ID No. : _____

Academic Record (High School Onwards) :

S.No.	Degree / Certificate	School	Board	Year of Passing	Marks	Out of	Percentage

Students Name : _____

Students Signature : _____

Date:

Place: