

SHIVA GROUP OF INSTITUTIONS

Chandpur, Distt. - Bilaspur, Himachal Pradesh (INDIA), PIN – 174004

www.siethp.in | www.shivabpharmacy.com

(Kindly fill the form in block letters only)

SID(For office use only)

1) **Name of the Applicant:**
As in 10th matriculation certificate

2) **Aadhar Card Number:**

3) **Contact:**

4) **Father's Name:**

5) **Contact** **Contact2**

6) **Mother's Name** **Contact:**

7) **DOB:** 8) **Gender:** Male Female Transgender

9) **Email:** 10) **Blood Group:**

11) **Category:** Gen SC ST OBC Minority Physically Disabled Defense

12) **JEE/PAT/HPCET Score:** Marks obtained All India Rank State Rank

13) **Nationality:** 14) **Domicile**

15) **Hostel Required:** Yes No 16) **Transportation Required:** Yes No Place (If Yes).....

17) **Address:**

Correspondence Address

House No :	
Locality:	
P.O.:	
Tehsil:	
District:	PIN
State:	

Permanent Address

House No :	
Locality:	
P.O.:	
Tehsil:	
District:	PIN
State:	

18) **Course:** B.Tech B.Pharmacy D. Pharmacy Polytechnic LEET
Stream: CE EC E CSE ME EEE

Paste Your
Latest
Photograph
Here

19) Have you applied to any scholarship: Yes No Name of scholarship (If yes).....

20) Is any of your siblings studying with SHIVA GROUP: Yes No

Details of Sibling (If yes) Name: Course..... Roll number:

21) Educational Qualification:

Class	University / Board	School / College	Year of Passing	Max. Marks	Marks Obtained	%Age
10 th						
12 th						

22) Documents Attached:

S.No	Name of Document	✓ Checklist	Original / Xerox
1	10 th Mark sheet / DOB		
2	12 th Mark sheet		
3	Final year mark sheet(For LEET students)		
4	Migration certificate		
5	Aadhar card(Student)		
6	Character certificate		
7	Income certificate(For scholarships)		
8	5 Passport size photographs		
9	Category Certificate		
10	Misc.		
11			

23) Source of Information:

Internet Hoardings Newspaper Calling Student / Staff referral Other

Referral Details: Name of student / staff..... Contact Number:.....

24) Signature of Guardian:

Name of Guardian:

Place:

Signature of Applicant:

Name of Applicant:

Date: / /

For office use only

Remarks:

Admission Done By:

Signature:

Designation:

Verified By:

Signature:

Designation:

Principal:

Signature:

Date:/...../.....