## Institute of Entrepreneurship Development, U.P.

## **Excellence Centre of Pharmacy**

Approved by PCI (Ministry of H.R.D., Govt. of India) & Affiliated to B.T.E., Lucknow

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## **IED Hotel Management**

Approved by AKTU (Ministry of H.R.D., Govt. of India) & Affiliated to AKTU, Lucknow

## **INQUIRY FORM**

For office use:													
Please tick (V) Preference from the given Courses											Photo		)
B.PHARMA D.PHARMA. BHMCT													
Name of Student (Capital Letter)													
Name of the Father/ G	uardian (Cap	ital Lette	r)										
Mother's Name (Capita	al Letter)												
Aadhar Number:		E-mail Address:											
Date of Birth: - (DD-MM-YEAR) Gender -Male/Female/Transge									nsgen	der			
Permanent Address:													
District-				Di	n Cor	40							
State- Pin Code-													
Student's Mobile No													
Category: Gen	ОВС	OBC SC/ST EWS											
Sub Category (Caste):													
Religion:													
Physically Disability (Yes/No)													
Father's Occupation		Mother's Occupation											
Mobile Number		Mobile No.											
Registration sought on	P/AKTU/C	Others	Ra	Т	Roll No					<b>).</b>			
Do you need Hostel Accommodation? Y/N Do you need Bus Facility? Yes/No													
Academic Qualification		T		T									
Examinations	Year	Board/U	Iniversity	Obtain N	1arks	Max	. Ma	rks	% o	f Ma	rks	Stre	am
Xth XIIth													
Graduation/ Diploma													
Student Thumb		<u> </u>		Student's Signature									
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