



# IES GROUP OF INSTITUTIONS

Year 200 - 200

Name of institution : **IES College of Technology, Pharmacy ,D.Pharmacy ,Education,**  
Kalkheda Main Road, Bhopal – 462 044 Corporate Office : 1st Floor, 43 RR Arcade, Zone-II  
M.P.Nagar, Bhopal – 462011 Phone : 0755-2574389, 4274389, Fax: 0755-2574389,

Registration No. : .....

## REGISTRATION FORM

1. Name Of Applicant : .....
2. Father's Name : .....
- 2.1 Parents / Guardian : .....
- 2.2 Occupation : .....Address : .....
- ..... Tel No./E-mail /Mob No.....
3. Branch Preferred : 1..... 2. ....3. ....
4. Date of Birth : ...../...../.....
5. National / Religion : .....
6. Local Address : .....
- .....Tel. No. ....
7. Permanent Address : .....
- .....Tel. No. ....
8. Category  
(General/SC/ST/OBC/Other) .....
9. Marks : a.) 10+2 PCM/PCB P.....C.....M/B.....  
b.) AIEEE/PET .....
10. Preference for admission : Management Seat / Through Counseling

### Declaration of Candidate

I Solemnly declare that the details furnished above by me are true to the best of my knowledge and belief. If any statement is found to be false, my registration may be cancelled.

Place :

(Signature of Candidate)

Date :

### REGISTRATION SLIP

(For Account Used)

Name : .....Father's Name.....

B.E.       B.Pharma       D.Pharma       B Ed       M Ed

Registration Fee Rs. ....

### REGISTRATION SLIP

Name : .....Father's Name :.....

B.E.       B.Pharma       D.Pharma       B Ed       M Ed

Registration Fee Rs. ....

(Auth. Signature)

