CENTRE CODE : (if applicable)

Estd.1998

iiPM

APPLICATION NO.	
DATE	DD / MM / YYYY

DEPARTMENT OF DISTANCE & OPEN LEARNING

भारतीय औषधि विपणन संस्थान

Indian Institute of Pharmaceutical Marketing

ADMISSION APPLICATION FORM

(PLEASE FILL CLEARLY IN BLOCK LETTERS AND MARK TICK IN APPROPRIATE BOX)

Self-Attested Passport Size Photograph

PROGRAMME APPLIED FOR	
SPECIALISATION (if any)	
PROGRAMME CODE	

HAVE YOU OPTED FOR FAST-TRACK SYSTEM TO COMPLETE THE COURSE **YES [ ] NO [ ]**

IF YES, HAVE YOU ENCLOSED FEE FOR FAST TRACK SYSTEM **YES [ ] NO [ ]**

IF YES, HAVE YOU ENCLOSED REQUIRED UNDERTAKING FOR FAST TRACK SYSTEM **YES [ ] NO [ ]**

PERSONAL DETAILS

DATE OF BIRTH D D M M Y Y Y Y | SEX | FEMALE | MALE

FULL NAME (in english)

नाम (हिंदी में) :

NATIONALITY | MARITAL STATUS | MARRIED | UNMARRIED

FATHER's NAME (in english)

*STATE IF : NRI | FOREIGN STUDENT | OCI

CONTACT & CORRESPONDENCE DETAILS

PRESENT ADDRESS

CITY | DISTRICT

STATE/UT | PIN CODE

MOBILE | WHATSAPP NO.

E-MAIL ID

IF SAME AS ABOVE. TICK HERE [ ]

PERMANENT ADDRESS

CITY | DISTRICT

STATE/UT | PIN CODE

EDUCATIONAL DETAILS

No.	***Examination Passed***	*Year of Passing*	*Board/Institute/University*	*% of Marks*

EMPLOYMENT DETAILS

WETHER EMPLOYED		YES		NO	
If Employed (mention employer name)					

WORKING EXPERIENCE (attach separate sheet if required)

No.	ORGANISATION NAME	FROM	TO	POST HELD	REMARKS
1					
2					

FEE DETAILS

MODE OF PAYMENT : UPI [ ] Cash [ ] Demand Draft [ ] Online Portal [ ] Cheque [ ]

SCHEME OF PAYMENT : Lumpsum [ ] Instalment Scheme I [ ] Instalment Scheme II [ ] MIS [ ]

HAVE YOU ENCLOSED THE FOLLOWING :

A)	REGISTRATION CHARGES	YES [ ] NO [ ]
B)	POSTAL CHARGES	YES [ ] NO [ ]
C)	EXAMINATION FEE	YES [ ] NO [ ]

(If applicable)

CATEGORY CODE OF SCHOLARSHIP					

TRANSACTION DETAILS :

NAME OF BANK	UTR/ DD /Cheque / EFT / REFERENCE No.	DATE OF ISSUE	AMOUNT

EXAMINATION DETAILS

MODE OF EXAMINATION : AT CENTRE LUCKNOW [ ] ASSIGNMENT BASED [ ] ONLINE [ ]

CHOICE OF OPTIONAL SUBJECTS FOR MBA, MBA (DUAL SPL.) AND EMBA (give subject code only)

PROGRAM	SEMESTER 1	SEMESTER 2	SEMESTER 3	SEMESTER 4
MBA	PM -	PM -	PM -	PM -
MBA (dual)	PM -	PM -	Major : PM - , PM - , PM -	PM -
EMBA	(No optional in Sem1)	PM - , PM - , PM -	Minor : PM - , PM -	

YOU CAME TO KNOW ABOUT THIS COURSE THROUGH : NEWS-PAPER [ ] SOCIAL-MEDIA [ ] GOOGLE [ ]
A.I. (CHATGPT/GEMINI) [ ] RELATIVE/FRIEND/IICT-STUDENT [ ] OTHER [ ]

IDENTITY PROOF / DOCUMENTS

(Tick only on those attached, As per programme requirement)

HIGH-SCHOOL CERTIFICATE [ ] AADHAR CARD [ ] POLYTECHNIC DIPLOMA [ ]
INTERMEDIATE CERTIFICATE [ ] COUNTRY PASSPORT [ ] WORK CERTIFICATE [ ]
GRADUATION CERTIFICATE [ ] VOTER ID / DRIVING LICENSE [ ] PAN CARD [ ]

OTHER (SPECIFY)	

DECLARATION

*I have carefully read the Academic and Administrative Rules and Regulations of IIPM for Correspondence Programmes as given in the information brochure and agree to abide by the same. I hereby declare that **if** I am enrolled in the programme applied, I agree to pay balance of fee instalments on specified dates. I further declare that the information provided by me in the application is true to the best of my knowledge and belief. A list of enclosures is attached with this application form.*

Date & Place ***Signature of Applicant***

FOR OFFICE USE ONLY

APPLICATION RECEIVED ON	D	D	M	M	Y	Y	Y	Y

ENROLLMENT NUMBER										

PROGRAMME	
ADMITTED ON	D D M M Y Y Y Y

MODE OF PAYMENT :	

RECEIPT NO.		DATE	D	D	M	M	Y	Y	Y	Y	**AMOUNT**	

DATE OF NEXT INSTALMENT (IF ANY)	D	D	M	M	Y	Y
AMOUNT						

Indian Institute of Pharmaceutical Marketing