

**Documents submitted: Please tick (√)**

| S. No. | Name of Document                  | Original | Photocopy | Remark |
|--------|-----------------------------------|----------|-----------|--------|
| 1.     | High School Mark sheet            |          |           |        |
| 2.     | Higher Secondary Mark sheet       |          |           |        |
| 3.     | Domicile Certificate              |          |           |        |
| 4.     | Caste Certificate                 |          |           |        |
| 5.     | Income Certificate                |          |           |        |
| 6.     | EWS Certificate                   |          |           |        |
| 7.     | Transfer Certificate              |          |           |        |
| 8.     | Migration/Provisional Certificate |          |           |        |
| 9.     | Photographs (05)                  |          |           |        |
| 10.    | Aadhar Card                       |          |           |        |
| 11.    | Samagra ID                        |          |           |        |
| 12.    | Bank Pass Book                    |          |           |        |

JNCET'S  
**GRY INSTITUTE OF PHARMACY**

An UGC Autonomous Institute, Accredited by NAAC  
(PCI Approved, Affiliated to RGPV Bhopal, Recognized by DTE Govt. of M.P, Bhopal)



**ADMISSION FORM**  
(D. Pharmacy / B. Pharmacy)

**Declaration by Student**

The information given by me in the application form and all enclosures are true to the best of my knowledge. However, should it, be found that any information/enclosures therein are untrue/wrong I am/my ward liable to be disqualified for admission. I have read the student code of conduct of GRY Institute of Pharmacy and will obey the same throughout my stay at the Institute.

Signature of Parents

Signature of Student

**For office use only**

Amount Deposited : \_\_\_\_\_

Receipt Number : \_\_\_\_\_

Date : \_\_\_\_\_

Name : \_\_\_\_\_

Course : \_\_\_\_\_

Year : \_\_\_\_\_



