

Mandsaur Institute of Pharmacy, Mandsaur

Enquiry Form

B. Pharm

M.pharm 1. PMRA

2. QA



Name

Father Name: Ph.

Date of Birth:

Category: Gen/ OBC/ SC/ ST/ Others

Caste:

Qualification with Percentage

Highersecondary [12]

High School [10]

B. Pharm [Year of passing]

PCB

PCM

Address:

Phone No: [M] [R]

Signature:

Date: