


ENROLLMENT / EXAMINATION FORM FOR FIRST SEMESTER EXAMINATION 2020
प्रथम सेमेस्टर के नामांकन / परीक्षा फॉर्म सत्र (2020-21)

**FUTURE INSTITUTE OF PHARMACY, 18 K.M. N.H. - 24 BAREILLY- LUCKNOW ROAD,
 BAREILLY- 243503. (2764)**

**NEWLY ADMITTED STUDENT - ANNUAL SYSTEM (DIPLOMA OF PHARMACY (214) OR TOOL
 AND MOULD MAKING (441) OR INDUSTRIAL SAFETY (105))**

ENROLLMENT NO (नामांकन संख्या): E20276421400064

STUDENT TYPE (नामांकन का प्रकार)	NEW STUDENT (ADMITTED IN SESSION 2020-21)	
BRANCH (ब्रांच)	214 --- DIPLOMA IN PHARMACY (214)	
NAME (नाम)	ANIL KUMAR	
FATHER'S NAME(पिता का नाम)	UDAY VEER SINGH	
MOTHER'S NAME(माता का नाम)	GANGA DEVI	
DATE OF BIRTH (जन्मतिथि)	01/01/2001	
CATEGORY (जाति)	OTHER BACKWARD CLASSESS	
SUB-CATEGORY DETAILS(उपजाति)	मुरावं, मुराई, मौर्य	
SUB-CATEGORY (उपजाति)	NONE	
GENDER (लिंग)	MALE	
MOBILE NO.(मोबाइल नंबर)	7464878117	
DECLARATION: THIS IS TO BE CERTIFIED THAT THE ABOVE INFORMATION IS CORRECT TO MY BEHALF		