



**Form No** .....

**Name of the Program:**

<input type="checkbox"/>	<b>Executive Post-Graduate Diploma In Pharmaceutical Management ( PCDPM)</b>
<input type="checkbox"/>	<b>Post-Graduate Diploma in Pharmaceutical Marketing Management ( PGDPMM )</b>
<input type="checkbox"/>	<b>Medical Representatives Training Program ( MRTP )</b>
Note : Please Give ✓ To Your Choice.	

**Gender** ..... **Marital Status** ..... **Blood Group** .....

**DD No.**..... **Date** ..... **Drawn on** .....

**Amount Rupees** ..... **Rs.**.....

**Name (in Capital Letters)** .....

**Father's / Husband's Name** .....

**Father's / Husband's Occupation** .....

**Mother's Name** .....

**Date of Birth (DD-MM-YYYY)** .....

**Permanent Address:**

.....  
.....

**City** ..... **Pin Code** .....

**IPHMR – APPLICATION FORM**

**Present / Contact Address:**

.....  
.....

**City** ..... **Pin Code:** .....

**Phone No** ..... **Mobile** .....

**Academic qualification:**

Certificate/Degree	University/ Institution	Year	Marks	%	Class
Graduation					
12 <sup>th</sup>					
10 <sup>th</sup>					
Any other					

**Any other Academic Qualifications:**

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.....

**ZTMA / GMAT / GATE / CAT / MAT / XAT / GRE Score ( If any)** .....

**Job Experience (if any)** .....

.....

**Date**..... **Place** .....

**Signature of the Applicant**

**IPHMR – APPLICATION FORM**

**Declaration:**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill minimum eligibility criteria and I have been provided with necessary information in this regard.

In the event of any information found incorrect and misleading, my candidature shall be liable to cancellation by the Institute at any time and I shall not be entitled to refund any fees paid by me to the institute.

**Date**..... **Place**.....  
**Signature of the Applicant**

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**Signature & Seal of the sponsor, if any:**

**Date**..... **Place**.....  
**Signature of the Sponsor**

**Phone No** ..... **Fax** .....

**E-mail** .....

<b>Check The Attachments</b>	
<input type="checkbox"/>	Self-attested copy of School Leaving Certificate and Mark sheet.
<input type="checkbox"/>	Self-attested copy of H.S. / equivalent examination Certificate and Mark sheet.
<input type="checkbox"/>	Self-attested copy of Graduate/Post-graduate Degree Certificate and Mark sheet.
<input type="checkbox"/>	Passport size photograph duly signed affixed across the space provided in the application form.
<input type="checkbox"/>	Four additional copies of such signed passport size photographs.
<input type="checkbox"/>	Address Proof.