



Registration Form for Degree Certificate

1. Name of the Candidate : _____

2. Registration No. : _____

(Please tick the appropriate box) :

M.S.(Pharm.)	<input type="checkbox"/>	MC	<input type="checkbox"/>	PA	<input type="checkbox"/>	PC	<input type="checkbox"/>	RT	<input type="checkbox"/>	PE	<input type="checkbox"/>
M.Tech.(Pharm.)	<input type="checkbox"/>	PTPC	<input type="checkbox"/>	M.B.A.(Pharm.)	<input type="checkbox"/>	PM	<input type="checkbox"/>				
Ph.D.	<input type="checkbox"/>	MC	<input type="checkbox"/>	PA	<input type="checkbox"/>	PC	<input type="checkbox"/>	PE	<input type="checkbox"/>		

3. Date of Passing Degree : _____ 4. C.G.P.A. : _____

5. Address for correspondence : _____

Telephone /Mobile No. : _____

Email : _____

6. I will attend/not attend convocation and reach institute on **(date)** _____ at **(time)** _____

7. Registration Fee : (other than Ph.D. students)

Online Payment Details :

➤ Transaction.No. _____ Date _____ Bank Name _____
for Rs 750/- (Before Convocation)

➤ Transaction No. _____ Date _____ Bank Name _____
for Rs 1000/- (After Convocation in-person)

8. Please return this form duly filled in along with the online payment receipt towards Registration fee :

To
The Registrar
National Institute of Pharmaceutical Education and Research
NIPER HYDERABAD
Balanagar,
Hyderabad - 500 037, T.S., INDIA.

Signature of the Candidate
Date :

For Office Use :

Addl. Controller of Examinations

Registrar