

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान गुवाहाटी NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH GUWAHATI



Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India

NIPER-G/2025 Date:

INFORMATION OF CANDIDATE

Name	
Father's/Mother's Name	·
Programme Admitted	:
Department	:
Phone No.	: E-mail Id:
Rank	:Registration No
Permanent Residence Ad	dress :
	Res. Phone/Mobile No
Date of Admissions:	Date of Joining:
Date of Birth :	Personal Phone No:
Phone No. of Parents :	
Blood Group :	
Aadhar Card No:	
Bank Details (SBI only with	Aadhar Link):
1. Account Holder Name:	
2. Account N	lo
3. IFSC Code	
4. Name of t	he Bank:
5. Branch Na	ame: