

| Please fill course detail | |
|--|--|
| Application form for Session | 2020-2021, 2021-2022 |
| Course to which admission is sought | D. Pharm/ B. Pharm/ M. Pharm (Pharmaceutics)/ M.Pharm (Pharm.Q.A.) |
| Name * : | |
| Gender* : | Male/Female/Transgender |
| Father/Husband/Guardian Name * : | |
| Category* : | Gen SC/ST OBC |
| Physically Handicapped | Yes/ No |
| Father/Husband/Guardian Occupation * | |
| Date of Birth * : | Calendar to be prepared |
| E-Mail Id * : | |
| Nationality * : | |
| Adhar Card Number (UIDAI) | |
| Mobile No * : | |
| Current Mailing Address * : | |
| Permanent Address : | |
| Hostel Accommodation (OPTIONAL) : | Yes/ No |
| Academic Record | |
| Examinations | Year Board/ University Subject Division/ Grade % |
| 10 th | |
| 12 th | |
| D. Pharm/ Equivalent exam | |
| B. Pharm/ Equivalent exam | |
| Any other | |
| Declaration | |
| I hereby declare that the entries made in this form are true and correct to the best of my knowledge & belief. I have read the rules & regulation of institution & will abide by them. | |

Student Signature

Father/Guardian Signature