

Note : Fill this form in CAPITAL letters only

B.Pharm

1. Student Contact No. :

—

2. Name of Applicant :

—

3. Father's Name

—

4. Mother's Name

—

5. Category (tick one)

ST

6. Sub Category (tick one)

7. Email id

—

8. Aadhar number

—

9. Date of Birth

(according to High School Certificate)

10. Permanent Address

Village/Mohalla _____ Post

_____ District _____ Pin
Code _____

11. Father's Contact No.

_____ alternate no.

12. Corresponding
Address

—

13. Father's annual income

14. UPSEE Rank/CAT/MAT

Score _____

13. Minority Status _____

15. Academic Details

Sl. No.	Exam passed	Roll No.	Board/Univ.	Passing year	Obt Marks/To Marks
	High School				
	Intermediate				
	Graduation				

I have carefully read the prospectus & promise to abide by the existing rules and regulations and those that may be framed from time to time. I declare that the entries above are correct to the best of my knowledge and belief.

Date

Father's/Guardian's Signature

Applicants signature

..... for office use only

Received on:admitted/rejected.

Director (Admin.)