

**APPLICATION FOR ADMISSION TO M. Pharm. COURSE 2023-2025
[UNDER MANAGEMENT QUOTA]**

No.

01. Name of Student: (In Block Letters as per SSLC Certificate)				Affix Photo
02. Expansion of initials:				
03. Sex:	Male / Female	04. Nationality		
04. Mother Tongue:				
05. Permanent Address:		Present Address:		
Pin: Parent Mobile No: Student Mobile No.:		Pin: Parent Mobile No: Student Mobile No.:		
06. Age and Date of Birth:				
07. Place of Birth:				
08. a) Religion & Community:				
08. b) Whether the applicant belong to SC/ST/OEC/OBC				
09. Name of Father:				
10. Name of Mother:				
11. Details of B. Pharm. Examination Passed:				
a) Name of college from where presented for B. Pharm Exam				
b) The PCI approval details of the college				
c) Reg. No., Month and Year of Exam				
d) Name of the Board /University				
e) No. of chances taken for the qualifying exam				

12. Details of marks obtained in B. Pharm.:							
Semester	Theory		Practical		Grand Total		Reg. No. & Year Passed
	Total	Max.	Total	Max.	Total	Max.	
1 st Sem.							
2 nd Sem.							
3 rd Sem.							
4 th Sem.							
5 th Sem.							
6 th Sem.							
7 th Sem.							
8 th Sem.							
Total							

13. Details of other qualifications, if any:				
Course	Subject	Marks %	Year	University/Board

14. Details of GPAT Exam attended (The score card to be submitted compulsorily)	Reg. No.:	Year of Exam:
	Score:	
15. Details of DME's Govt. Allotment:	Application No. :	
	Rank:	
16. Full Name & Address of Parent / Guardian:	Phone:	Mob:
17. Relationship with the Student:		
18. Occupation & Annual Income:		
19. Aadhaar Card. No. (Attach a copy)		
20. Email ID:		

DECLARATION BY STUDENT

I do hereby affirm that the information given above is true to the best of my knowledge and I am liable to abide by the rules and regulations of the college.

Place: Chelembra
Date:

Signature of applicant
Name:

DECLARATION OF PARENT / GUARDIAN

I hereby declare that the information furnished above by my ward is correct in all respects. I do hereby guarantee the good conduct of my ward and the responsibility to remit the fee at the time of admission and on the 1st working day of June for the subsequent three years. If my ward discontinues the course of study, I undertake to pay the entire fee due to the college for the complete duration of the course.

Place: Chelembra
Date:

Signature of Parent/Guardian
Name:

FOR OFFICE USE

Rejected / Admitted to M. Pharm.

Admission No. Date:

Remarks :

Principal