

**APPLICATION FOR ADMISSION TO PHARM. D. COURSE 2023-2029
[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 Qualifying Examination Passed:				
a) Name of Exam				
b) Name of School from which presented for qualifying Exam				
c) Reg. No., Month and Year of Exam				
d) Name of the Board /University				
e) No. of chances taken for the qualifying exam				
12. Aadhaar Number (Copy attached):				
13. E-mail ID				

14. Details of Marks Obtained:				
Subjects	Score /Marks Obtained	Max. Score / Marks	Grade	% of Marks
Part I				
Part II				
Part III				
Physics				
Chemistry				
Biology				
Mathematics				
Total				
15. Details of CEE's KEAM Allotment:		Roll No:		
		Rank:		
16. Full Name & Address of Parent / Guardian:				
		Phone:	Mob:	
17. Relationship with the Student:				
18. Occupation & Annual Income:				

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 Pharm. D..

Admission No. Date:

Remarks :

Principal