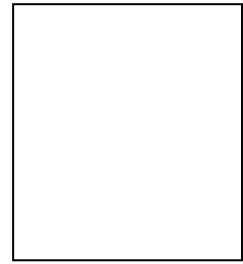


Application Form for B.Pharm/M.Pharm/Ph.D Programs
Academic Year 2024-25



Full Name: -----

Father's Name: -----

Mother's Name: -----

Mobile No.Candidate: ----- **Mobile No Parents.:** -----

Email Id: -----

Permanent Address: -----

Address for Correspondence: -----

Date of Birth: -----

Education Qualification : -----

Sr. No.	Name of Examination	Board/University	Marks Obtained (PCB/PCM) / CGPA	Total Marks	Percentage

M HT-CET Score:

PERA CET Score:

Program Applied For - B.Pharm/M.Pharm/Ph.D
(Please tick)

Signature of Student

Declaration: I have fully furnished by my son/daughter /ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable prosecution.

Date:

Place:

Signature of Parents/Guardian