



ADMISSION FORM

LALA LAJPAT RAI

COLLEGE OF PHARMACY, MOGA (PB.)
 MOGA-FEROZEPUR G.T. ROAD, NEAR P.S. SADAR, MOGA-142001
 (PB.)

Sr. No.

Roll No.....
 (To be assigned by the office)

COURSE: D-PHARMACY B. PHARMACY

1. Full Name
 (In Block Letters as on Metric Certificate)

2. Father's Name, Designation, Profession & Official Address with Ph. Number (IN BLOCK LETTER)

Paste your attested
 passport size
 photograph

(PLEASE DO NOT
 STAPLE)

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3. Mother's Name

4. **Sex:** Male Female 5. **DOB:**/...../19.....

6. Full Address with pincode for correspondence (IN BLOCK LETTERS).....

Contact No. Residence..... Office..... Mob.....

7. Reserved Category Yes No If Yes, specify.....

8. Educational Qualifications :

Exam		University/ Board	Year	Percentage (%)				Marks Obtained	Division
Matric									
10 +2	Medical			Subject	Physics	Chemistry	Bio/Math		
				Marks Obt.					
	Non-Medical			Max. Marks					
Any Other									

9. Any Distinction / Award Won

10. Outdoor Sports Interest

11. Check list of enclosures :

(Bring original certificates and enclose one set of attested photocopies)

- (1) Matriculation Certificate showing date of birth (along with mark sheet)
- (2) 10th +2 Certificate along with DMC (Detailed Marks Sheet)
- (3) Character Certificate from the institution last attended
- (4) Certificate in support of claim under reserved category (if applicable)
- (5) Affidavit required in case of discontinuity of studies
- (6) Migration Certificate and Income Certificate
- (7) Punjab Domicile Certificate
- (8) Five Colored Passport size photographs
- (9) Any Other

DECLARATION BY STUDENT

12.

- a) I hereby certify that information provided by me in this form is true to the best of my knowledge and nothing has been concealed.
- b) I agree to observe and abide by all the rules & regulations (as amended from time to time) of the Institute in respect of course of my study, syllabi of examination, conduct and other related matters.
- c) I will not organize or take part in any strike / demonstration.
- d) I fully understand that for any violation or infringement of the regulations, disciplinary action can be taken against me by the authorities.
- e) I have not been involved in any criminal offence and no case is pending against me in any court of law.

Date:/...../20.....

Signature of student

UNDERTAKING BY PARENTS / GUARDIAN

13.

- a) I hereby undertake to make payment of all fees and dues on behalf of my son /daughter / ward to the institute by the prescribed dates. I am aware that any delay on my part for the payment may invoke imposition of fines.
- b) I take full responsibility for the good behavior of my ward and fully agree with his/her declaration at item 12 above.

Date:/..... /20.....

Signature of Parent / Guardian
(Name and relation)

**RAGGING IN ANY FORM IS A PUNISHABLE OFFENCE AND
WOULD BE DEALT VERY STRICTLY.**