



LAL BHADUR SHASTRI COLLEGE OF PHARMACY

(Approved by All India Council for Technical Education and Pharmacy Council of India)
Affiliated to Rajasthan University of Health Sciences, Jaipur

UDAY MARG, TILAK NAGAR, JAIPUR - 302 004

www.lbscop.org; email: lbscopjaipur@gmail.com; Phone: 141 2620517

Application form for Bachelor of Pharmacy Course

Session 2017-18

For office use only

Receipt No. :

Date :

Amount :

Recipient

Affix recent
Passport size
photograph
(with signature)

- Name of the Candidate (in block letters)
Name of the Candidate (in hindi)
Mobile no. Email ID
- Father's Name Occupation
Designation and office address Monthly Income
Mobile no. Landline no.
- Mother's Name..... Occupation
Designation and office address Monthly Income
Mobile no. Landline no.
- Permanent Address
..... Pin code Phone No.
- Present Address
..... Pin code Phone No.
- Date of Birth (in figures) (in words)
- Nationality State of Domicile Martial status
- SC/ST/OBC/SBC/Minority/ - Physically disabled, specify:
- Name of School/College last attended Year

10. Details of examination passed :

Name of Examination	Name of Board/ University	Year of passing the examination	Total max. marks	Total marks obtained	Percentage	Remarks
Secondary						
10+2 or equivalent						

Total marks obtained in D.Pharm course out of
 Total marks obtained in PCB / PCM in class 10+2 out of

11. Extracurricular activities

12. Any other information / Enrollment no.

13. Declaration by Father/Guardian

I do solemnly affirm that I shall be responsible for the discipline and conduct of my son/daughter/ward and shall pay regularly all his/her expenses during his/her stay in the college.

Place :

Signature

Date :

Name

14. Declaration by Applicant

I declare that all statements made in this application are true to the best of my knowledge and that the marks submitted by me in this application form pertain only to examinations conducted by a Board/University, and passed by me after undergoing studies as a regular student of a recognised college. I understand that if any statement is found wrong, my admission to the college will stand cancelled.

If admitted, I promise to abide by the rules and regulations in force or those that may hereafter be made for the administration of the college and I shall do nothing either inside or outside the college which interferes with its orderly working and discipline. In all matters concerning me and the college, the decision of the Principal shall be binding on me.

ENCLOSURES (Attested Photocopies of)

1. Secondary Mark sheet / Certificate
2. 10+2 (or equivalent) Mark sheet
3. Migration certificate
4. Transfer certificate
5.
6.

Applicant's Signature

Full Name

Place Date