



# LAL BAHADUR 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

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## APPLICATION FORM FOR M.PHARM (Pharmaceutics) COURSE

Session : 2019-20

FOR OFFICE USE ONLY

**Semester -**

Receipt No. : .....

Date : .....

Amount : .....

Recipient

FOR OFFICE USE ONLY

**Semester -**

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. ....
- Address for correspondence .....  
..... Pin code ..... Phone No. ....
- Date of Birth (in figures) ..... (in words) .....
- Nationality ..... State of Domicile ..... Martial Status .....

8. Aadhar No. ....
9. SC/ST/OBC/SBC/Minority/ - Physically disabled, specify .....
10. Name of College last attended ..... Year .....
11. Details of examination passed :

Name of Examination	Name of University	Year of passing e	Marks in Bachelor of Pharmacy			Remarks
			Total max. marks (Aggregate)	Total marks obtained (Aggregate)	Percentage (Aggregate)	
10th						
12th						
B.Pharm						
Other, if any						

Note: In case where grade points are awarded, convert grade points to percentage using conversion formula and attach copy of conversion formula.

12. GPAT Score (for GPAT qualified candidates) .....
13. Extracurricular activities .....
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 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. B.Pharm Mark sheet(s)
4. Experience certificate (in any)
5. Migration certificate
6. Transfer certificate
7. ....
8. ....

Applicant's Signature .....

Full Name .....

Place ..... Date .....