



Lachoo Memorial College of Science & Technology (Autonomous)

*Reaccredited A Grade College by NAAC-UGC with CGPA 3.46
 Recognized by UGC under Section 2(f) and 12(B)
 Declared as College with Potential for Excellence by UGC
 Declared as Model College and Knowledge Center by State Government*

**Sector-A, Shastri Nagar, Jodhpur-342 003(Rajasthan)
 Faculty of Pharmacy**

(Approved by All India Council for Technical Education and Pharmacy Council of India)

Application Form

Lateral Entry Admission to B. Pharm. Part-II (2017-18)

- Before filling the Application Form read carefully Prospectus, Information Booklet and FAQ available on college website www.lachoomemorial.org.
- Last date of submitting completely filled Application Form in person/by post in college office at the address: The Director (Pharmacy Wing), Lachoo Memorial College of Science & Technology' Sector-A, Shastri Nagar, Jodhpur-342 003(Rajasthan) is 22/06/17

For Office Use Only

Form No _____ Received on _____ Received by _____			
D.D/ Receipt No.	Amount (Rs.)	Issuing Bank	Date
	1200/-		
Total Marks Obtained in D.Pharm. _____ Maximum Marks _____ Percentage _____ %			
Merit No _____			
Documents Required (If any): _____			
Filled by (Sign) _____ Name _____ Date _____		Checked by (Sign) _____ Name _____ Date _____	
		Verified by (Sign) _____ Name _____ Date _____	
Mr./Miss/Mrs./ _____ is provisionally admitted to B.Pharm. Part-II subject to deposition of prescribed fees of Second Year. His/Her documents were checked & verified from originals. All entries in this form regarding eligibility were found correct.			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Paste your recent passport size coloured photo (taken on or after 01-01-2017) with signature. </div>
Sign of Admission Officer _____ Name _____		Date _____	

1. Name of the Applicant (In Block Letters):

	First Name	Middle Name	Surname
Mr./Miss/Mrs.			

2. Father's Name (In Block Letters):

	First Name	Middle Name	Surname
Mr.			

3. Mother's Name (In Block Letters):

	First Name	Middle Name	Surname
Mrs.			

14. Aadhaar Number of the Candidate:

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(Enclose the Attested Photocopy of Aadhaar card at Annexure - 5)

15. Checklist for documents attached:

Annexure No.	Name of Document	Put Tick if Attached	For Office Use	
			(Document Received)	Sign.
1.	Attested Photocopy of 10 Marksheet/ Certificate (if applicable)		Yes / No	
2.	Attested Photocopy of 10 Marksheet/ Certificate		Yes / No	
3.	Attested Photocopy of D.Pharm.-I Marksheet		Yes / No	
4.	Attested Photocopy of D.Pharm.-II Marksheet		Yes / No	
5.	Attested Photocopy of Aadhaar Card		Yes / No	

15. Declaration:

I _____ S/o / D/o / W/o _____
 hereby declare that the information given above is true to the best of my knowledge and no information has been concealed.

Date: __________
Signature of Applicant**Place:** __________
Countersigned by Father/Guardian