



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

M. Pharm. Admissions 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 (Faculty of Pharmacy), Lachoo Memorial College of Science & Technology' Sector-A, Shastri Nagar, Jodhpur-342 003(Rajasthan) is 22/06/2017

For Office Use Only		
Form No _____	Received on _____	Received by _____
Details of Cash received /D.D. enclosed towards cost of Application Form: Rs 1,200/-		
Receipt/D.D. No. _____	Date _____	Issuing Bank _____
B. Pharm. Aggregate (%) _____		GPAT Score _____
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 M. Pharm course (PQA/PC/PRA/PG/PH/PL) subject to deposition of prescribed fee of first semester. His/Her documents were checked & verified from originals. All entries in this form regarding eligibility were found correct.		Paste your recent passport size coloured photo (taken on or after 01-01-2017) with signature.
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.			

4. Category (Put tick ✓):

General	SC	ST	OBC (Non Creamy layer)	SBC (Non Creamy layer)
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(Enclose Attested Photo Copy of Cast Certificate at Annexure- 1)

5. Date of Birth:

D	D	M	M	Y	Y	Y	Y

(Enclose Attested Photocopy of Xth Marksheet/ Certificate at Annexure - 2)

6. State of Domicile:

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7. Address for Correspondence (In Block Letters):

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City																				
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State																				
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8. Telephone Number of Residence with STD Code:

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9. Mobile Number:

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10. Father's Mobile Number:

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11. E-Mail:

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12. Details of D.D. enclosed / Cash deposited towards Application Form fee:

D.D/ Receipt No.	Amount (Rs.)	Issuing Bank	Date	For Office Use	
				Checked by	Verified by
	1200/-				

13. Details of Qualifying Examination (B. Pharm.):

(Enclose Attested Photocopies of Mark Sheets of all Four Years/Eight Semesters, including Supplementary Mark Sheets if any, at Annexure- 3)

Tick the status of B. Pharm. examination: Pass/ Supplementary/ Result awaited

Year of Passing: _____ University: _____

S. No.	Year	Marks Obtained	Max. Marks	For Office Use	
				Checked by	Verified by
1	B. Pharm. Pt. – I (Sem. I & II)				
2	B. Pharm. Pt. – II (Sem. III & IV)				
3	B. Pharm. Pt. – III (Sem. V & VI)				
4	B. Pharm. Pt. – IV (Sem. VII & VIII)				
5	Total Marks all Four Years/Eight Semesters				
6	Aggregate %				

Aggregate % = $\frac{\text{Total of Marks Obtained}}{\text{Total of Maximum Marks of all Four Years/Eight Semesters}} \times 100 = \underline{\hspace{2cm}}\%$

Note: In case where grade points are awarded, convert grade points to percentage using conversion formula. (Enclose attested photocopy of Certificate for this Conversion Formula at Annexure- 4)

14. Details of GPAT Examination: (for GPAT qualified candidates)
(Enclose Attested Photo Copy of valid GPAT Score Card at Annexure- 5)

GPAT Score:

For Office Use	
Checked by	Verified by

15. Aadhaar Number of the Candidate:

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(Enclose the Attested Photocopy of Aadhaar card at Annexure - 6)

16. Checklist for Documents Attached:

Annexure No.	Name of Document	Put Tick if Attached	For Office Use	
			(Document Received)	Sign.
1.	Attested Photocopy of Caste Certificate		Yes / No	
2.	Attested Photocopy of 10 Mark Sheet/ Certificate		Yes / No	
3.	Attested Photocopies of B. Pharm. Mark sheets (All Years/Semesters.)		Yes / No	
4.	Attested Photocopy of Certificate of Conversion Formula (If Any)		Yes / No	
5.	Attested Photo Copy of valid GPAT Score Card (If Applicable)		Yes / No	
6.	Attested Photocopy of Aadhaar card		Yes / No	

17. 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 : _____

Place : _____

Signature of Applicant

Countersigned by Father/Guardian