



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

D. Pharm. /B. 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 22/06/17

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 _____		
Marks Obtained in XII: _____ Maximum Marks: _____ Percentage: _____ %		
Marks Obtained in Entrance Test (if any) _____ Maximum Marks: _____		
Percentage: _____ %		
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 D.Pharm./ B.Pharm. course subject to deposition of prescribed fee of First Year. 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. Course applied for (Tick appropriate) **D.Pharm.**
 (You may tick both) **B.Pharm.**

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

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

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

	First Name	Middle Name	Surname
Mr.			

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

	First Name	Middle Name	Surname
Mrs.			

5. Category (Put tick √):

General	SC	ST	OBC (Non Creamy layer)	SBC (Non Creamy layer)
---------	----	----	------------------------	------------------------

(Enclose Attested Photo Copy of Cast Certificate at Annexure- 1)

6. Date of Birth:

--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y

(Enclose the Attested Photocopy of Xth Marksheet/ Certificate at Annexure - 2)**7. State of Domicile:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Address for Correspondence (In Block Letters):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City																								Pin									
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	--	--	--	--	--	--	--	--	--

State																							
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Telephone Number of Residence with STD Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Father's Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. E-Mail

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13. 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/-				

14. Details of Qualifying Examination (XIIth):(Enclose the Attested Photocopy of XIIth Marksheet* at Annexure - 3)**Tick the status of XIIth examination: Pass/ Supplementary/ Result awaited****Year of Passing:** _____ **Board:** _____**No. of Attempt(s) (Put tick √) I/ II/ III**

S.No.	Subjects	Marks Obtained	Max. Marks	For Office Use	
				Checked by	Verified by
1	Physics				
2	Chemistry				
3	Biology / Mathematics (Any one whichever is higher)				
4	Hindi/ other Subject(s)				
5	English				
6	Total in all Subjects (Aggregate)				
7	% in all Subjects (Aggregate)				

* All Marksheets of XIIth in case of Improvement / Supplementary

15. Marks Obtained in Rajasthan State/National Level Entrance Test (if applicable)

Marks Obtained _____ **Max. Marks** _____

(Enclose Attested Photo Copy of valid Score Card of Rajasthan State/National Level Entrance Test in Pharmacy/ Engineering/Medical at Annexure- 4)

For Office Use	
Checked by	Verified by

16. Aadhaar Number of the Candidate:

--	--	--	--	--	--	--	--	--	--	--	--

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

17. Checklist for documents enclosed:

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 Photo Copy of X th Mark Sheet/ Certificate		Yes / No	
3.	Attested Photo Copy of XII th Mark Sheet		Yes / No	
4.	Attested Photo Copy of Rajasthan State/National Level scorecard (if any).		Yes / No	
5.	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