

MAHADEVA LAL SCHROFF COLLEGE OF PHARMACY

NEAR BIHAR CEMENT PLANT, NS-22,23, BIADA AURANGABAD-824101,BIHAR

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Email - mlsdpharmacy@gmail.com Websitewww.mlspharmacy.in

Form No										
APPLICATION FOR ADMISSION										
B.PHARM 1 st Year	F	РНОТО								
Session										
1. NAME OF THE APPLICANT: MS./MRS./MR. (IN BLOCK LETTERS)										
SOFF COV.										
2. DATE OF BIRTH 3. SEX (✓) 4. NATIONALITY										
[DD] [MM] [YEAR] MALE FEMALE 5. DO YOU HAVE ANY 6. DO YOU HAVE ANY MEDICAL CONDITION OR LEARNING DISABILITY	Y THAT	MAY REQ	UIRE							
PHYSICAL DISABILITIES? (/) SPECIAL ATTENTION DURING THE COURSE? YES NO										
YES NO CATEGORY GEN OBC ST/SC EBC										
7. PERMANENT ADDRESS										
CITY										
STATE										
PIN CODE 8. TELEPHONE										
9. MOBILE 10. EMAIL										
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11. MAILING ADDRESS SAME AS P	ERMAN	ENT ADD	RESS							
CITY		1								

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DECLARATION BY THE CANDIDATE

I	S/o or D/o	declare that the information
furnished by m	ne herein are true and correct. In case any info	rmation furnished herein is found to be
incorrect or an	y document is found to be forged, I agree to fore	ego my claim for admission and abide by
the decision of	f the University authorities.	

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

PLACE:

DATE:

SIGNATURE OF THE CANDIDATE

20. LIST OF ENCLOSURE:

S.NO.	PARTICULARS	
1.	SELF ATTESTED ID & ADDRESS PROOF	
2.	6 PHOTOGRAPHS	
3.	SELF ATTESTED COPY OF SSLC MARK SHEET AND CERTIFICATE	
4.	SELF ATTESTED COPY OF 10+2 MARK SHEET AND CERTIFICATE	
5.	CASTE CERTIFICATE IF APPLICABLE	
6.	DOMICILE CERTIFICATE (RECENT)	
7.	INCOME CERTIFICATE ((RECENT)	
8.	CLC (ORIGINAL)	
9.	MIGRATION (ORIGINAL)	

SIGNATURE OF THE CANDIDATE

Note:

Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.