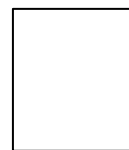


## Application Form for B.Pharm/M.Pharm/Ph.D Programs Academic Year 2025-26



**Full Name:** -----

**Father's Name:** ----- **Occupation:** -----

**Mother's Name:** ----- **Occupation:** -----

**Mobile No. (Candidate):** ----- **Mobile No (Parents):** -----

**Email Id (Candidate):** ----- **Email Id (Parents):** -----

**Permanent Address:** -----

-----  
**Address for Correspondence:** -----

-----  
**Date of Birth:** -----

**Education Qualification:** -----

Sr. No.	Name of Examination	Board/University	Marks Obtained (PCB/PCM) / CGPA	Total Marks	Percentage
1					
2					
3					
4					

**M HT-CET Score:**                      **OR**                      **NEET Score:**                      **OR**                      **PERA CET Score:**

**GPAT Score:**

**Program Applied For - B.Pharm / M.Pharm /Ph. D**  
(Please tick)

**Signature of Student**

**Declaration:** I have fully furnished by my son/daughter /ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable prosecution.

**Date:**

**Place:**

**Signature of Parents/Guardian**