

Application Form for B.Pharm/M.Pharm/Ph.D Programs
Academic Year 2026-27



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