



CH. DEVI LAL COLLEGE OF PHARMACY

(Approved by PCI and Affiliated to Pt. B. D. Sharma University of Health Sciences, Rohtak)

Bhagwargarh, Buria Road, Jagadhri (Haryana)

E-mail: cdlcop.2020@gmail.com

Contact No: 8222866123, 9355775858

APPLICATION FORM FOR ADMISSION IN B. PHARMACY

AGAINST MANAGEMENT QUOTA SEATS

Passport
Size
Photo

Note: The form is required to be filled in by the candidate

1. **Name of the Candidate (in block letters)** _____

2. **Father's Name (in block letters)** _____

3. **Mother's Name (in block letters)** _____

4. **Date of Birth** _____

5. **State of Domicile** _____

6. **Gender: Male/ Female**

7. **Parivar Pehchan ID** _____

8. **Category** _____

9. **Annual Income** _____

10. **Blood Group** _____

11. **Educational Qualification**

Name of Examination	School/College & Year of Passing	University / Board	Roll No.	Marks Obtained	%age Marks	Subjects
10 th						
12 th						
D.Pharm						
Other qualification						

12. Postal Address _____

City _____ State _____ Pin Code _____

13. Contact No. Father _____ Contact No. Student _____

14. WhatsApp No. _____

15. E-mail _____

DECLARATION

I do solemnly declare that the following are true to the best of our knowledge.

- a) That is information given in this application is absolutely correct and true.
- b) We have read the prospectus carefully and undertake to obey all the rules and regulations etc.
- c) We certify that we forfeit the right to claim refund of fees etc.
- d) I am aware of law regarding as well as the punishment and that if found guilty on this account, I am liable to punished appropriately.

(Signature of Candidate)

(Signature of Parent/Guardian)

Place _____

Date _____

Remarks _____

Principal