



# CH. DEVI LAL COLLEGE OF PHARMACY

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

Bhagwangarh, Buria Road, Jagadhri (Haryana)

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Contact No: 8222866123, 9355775858

## REGISTRATION FORM FOR ADMISSION IN B. PHARM/M.PHARM

SESSION 2026-27

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. APAR ID \_\_\_\_\_

12. Educational Qualification

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

13. Postal Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Pin Code\_\_\_\_\_

14. Contact No. Father\_\_\_\_\_ Contact No. Student\_\_\_\_\_

15. WhatsApp No.\_\_\_\_\_

16. E-mail\_\_\_\_\_

(Signature of Candidate)

(Signature of Parent/Guardian)

Place\_\_\_\_\_

Date \_\_\_\_\_

Remarks\_\_\_\_\_

Principal