

ACADEMIC PERFORMANCE : MARKS OF HSC / D. PHARMACY

Sl.No.	SUBJECT STUDIED	MARKS OBTAINED	%
	Total		

Hostel accommodation required : Yes No

Encl : Attested copies of (a) Certificate / Marks list (c) Conduct Certificate
 (b) T.C. (d) Age Proof

Declaration by the Applicant

I _____ (Name in full) Son / Daughter of _____ hereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct and complete. I further declare that should if be found otherwise, I will be liable to forfeit my seat and or removed form the rolls of the institution at whatever stage of study I may be besides making me liable for criminal prosecution.

Signature of the Applicant

Station : _____

Date : _____

Signature of the Parent/Guardian