



**ACADEMIC PERFORMANCE : MARKS OF HSC / D. PHARMACY**

SI.No.	SUBJECT STUDIED	MARKS OBTAINED	%
	<b>Total</b>		

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