



GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C.G.)
(A Central University established by the Central University Ordinance, 2009 No.3 of 2009)

APPLICATION FORM FOR ADMISSION TO M. PHARM./B. PHARM. LATERAL ENTRY SESSION 2011-12

**Last date to reach the completed form to the office of the Head, SLT Institute of Pharmaceutical Sciences,
Guru Ghasidas Vishwavidyalaya, Bilaspur (CG) - 495009: 15th July 2011**

THIS FORM CONTAINS TWO PAGES TO BE FILLED BY THE CANDIDATE

Candidates are advised to read this form and information brochure carefully before filling up the application form.

| | | |
|--|----------------------------------|--|
| Provisionally allowed/Not allowed | (for office use only) | |
| Reasons: | Date of Receipt | <input style="width:100%;" type="text"/> |
| | Register No. / Receipt No | <input style="width:100%;" type="text"/> |

(To be filled in by the candidate in his/her own handwriting)

Tick the appropriate box

1. Details of Demand draft of Rs. 400/- (Rs 200/-for SC and ST)* enclosed
DD No.....Date..... Amount.....
Bank Name..... Issuing Branch..... Payable at.....
 2. Category* under which admission is sought (Tick the category)
General: SC: ST: OBC
 3. (i) Course applied for
(ii) Order of preference for the course where the candidate is eligible for more than one course (Refer to admission brochure for details)
1..... 2.....
3..... 4.....
 4. Name of the candidate :
- (In block letters)
- | | |
|--|--|
| 5. Father's Name : | Paste self signed passport size photograph |
| 6. Mother's Name : | |
| 7. Date of birth : Day.....Month.....Year..... | |
| 8. Nationality : | |
| 9. State : | |
| 10. Sex : Male: <input type="checkbox"/> Female : <input type="checkbox"/> | |
| 11. Present address for Communication:..... | |
| City..... District.....State..... | |
| Pin..... Tel. No. with STD Code | |

Mobile:.....

E-mail:.....

12. Permanent address:.....

.....

..... Tel. No./Mobile.....

E-mail:.....

***SC (Schedule Cast) ; ST(Schedule Tribes); and OBC (Other Backward Caste) Candidates must attach attested copy of concerned Certificate in support wherever required.**

13. Details of examinations passed by the candidate

| Name of the Examination | University/Board | Year | Subject | Marks obtained*/ Maximum marks | % of Marks | Remarks |
|-----------------------------------|------------------|------|---------|--------------------------------|------------|---------|
| High School/or equivalent | | | | | | |
| I.Sc. or equivalent of 10+2 level | | | | | | |
| Graduation | | | | | | |
| Post-Graduation | | | | | | |
| GPAT/GATE | | | | | | |

***The candidate should clearly & correctly fill up the Marks Obtained at each level and enclose relevant attested documents with two passport size photographs and one self-addressed envelope with stamp (Rs.30/-).**

DECLARATION

I declare that I have read the information brochure and the application form and that all the information furnished above by me are true. I declare that I fulfill the minimum eligibility required. In case any information furnished above by me is found wrong at any time, my candidature for the examination/selection to the course may be cancelled outright and I may be debarred permanently and disciplinary action may be taken against me. I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by any University/Institution for seeking admission.

Date:.....

Place:.....

Signature of the Candidate

Name.....