LAL BAHADUR SHASTRI COLLEGE OF PHARMACY, JAIPUR

Approved by Pharmacy Council of India (PCI), New Delhi
Affiliated to Rajasthan University of Health Sciences (RUHS), Jaipur

Registration form for admission in M.Pharm/B.Pharm/D.Pharm Course
Session 2025-26

For office use only

Receipt No. : ..... Date : ..... Amount : .....

Recipient

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

   Name of the Candidate (हिन्दी) .....

   Mobile no. ..... Email ID .....

   Apaar ID / ABC ID ..... Aadhaar no. .....

2. Father's Name ..... Occupation .....

   Designation and office address .....Monthly Income .....

   Mobile no. ..... Landline no. .....

3. Permanent/Present Address .....

   .....

4. Date of Birth (in figures) ..... State of Domicile .....

5. SC / ST / OBC / MBC / EWS / Minority (OBC / Gen.) - Physically disabled, specify: .....

6. Name of School last attended ..... Year .....

7. Appeared in CUET Yes/No ..... If yes, Roll No. ..... Marks obtained .....

8. Details of Examination passed :

Name of Examination	Name of Board	Year of passing	Total max. marks	Total marks obtained	Percentage	Remarks
Secondary						
10+2 or equivalent						

9. Total marks obtained in PCB / PCM in class 10+2 ..... out of .....

10. Third subject in class 10+2 (Maths/Biology/Both) .....

11. Last class attended (if any) .....

Applicant's Signature .....

ENCLOSURES (Self attested photocopies of)

1. Secondary Mark sheet / Certificate
2. 10+2 (or equivalent) Mark sheet
3. Migration certificate
4. Transfer certificate
5. Aadhaar card
6. Cast certificate (if applicable)
7. CUET result, allotment letter