



LBSCOP

LAL BAHADUR SHASTRI COLLEGE OF PHARMACY

UDAY MARG, TILAK NAGAR, JAIPUR - 302 004

(Approved by All India Council for Technical Education and Pharmacy Council of India,
Affiliated to Rajasthan University of Health Sciences, Jaipur)

REGISTRATION FORM FOR M.PHARM (Pharmaceutics) COURSE

SESSION 2011-12

1. Name of the Candidate (in block letters)

Mobile (self) e-mail

2. If employed, Occupation Designation

Name and address of employer

.....

Phone e-mail

3. Father's/Guardian's Name Occupation

Designation and office address

..... Mobile

4. Mother's Name

Designation and office address

..... Mobile

5. Permanent Address

..... Phone No.

6. Address for correspondence

..... Phone No.

Affix recent
Passport size
photograph
(with signature)

7. Date of Birth (in figures) (in words)
8. SC/ST/OBC/Physically handicapped, specify Yes / No
9. Name of College/University last attended Year
10. Have you ever been rusticated from College/University? Yes / No
- If yes, explain where and why

11. Details of examination passed :

Name of Examination	Name of University	Year of passing	Marks			Remarks
			Total max. marks	Total marks obtained	Percentage (Aggregate)	
B.Pharm						

Note: In case where grade points are awarded, convert grade points to percentage using conversion formula and attach copy of conversion formula.

12. GPAT Score (for GPAT qualified candidates)

ENCLOSURES (Photocopies of)

1. Secondary Mark sheet / Certificate Applicant's Signature
2. 10+2 (or equivalent) Mark sheet Full Name
3. B.Pharm Mark sheet(s) Place Date
4. Experience certificate (in any)
5.
6.