## Maharaja Ranjit Singh Punjab Technical University Department of Pharmaceutical Sciences & Technology



## **Registration Form 2017-2018**

Applicant's Recent
Passport
Size
Photograph

Note: This Form is to be filled by the applicant in Capital Letters only. The name of candidate should be as per Matriculation Certificate. **Select Course** M. Pharm (Pharmaceutics) M.Pharm (Pharmacology) (GPAT qualified students will be preferred for admissions and branch selection) **Personal Details** GPAT Others Examination Rank Date of Admission Date Month Year Class Roll No. University Roll No (For Office Use Only) (For Office Use Only) (For Office Use Only) First Name Last Name Category If SC\BC\ST\OBC, Annual income of parents......Date of Birth: Date Month Gender: Male Female Email Alternate Email Nationality Mobile No. (Mother) Contact No(self). Mobile No.(Father) **Sports Activity Blood Group** Domicile **Hostel Facility Required:** Yes **Previous Academic Record** Session Name of School/Board/University Last Attended Maximum Marks %age Obtained Number Marks Matric 10+2 D. Pharm B. Pharm M. Pharm Any other

Parents Detail	s			
<u>Father</u>	_			
Name	Occupation	Email		Mobile No.
<u>Mother</u>				
Name	Occupation	Email		Mobile No.
Guardian				
Name	Occupation	Email		Mobile No.
Permanent		Correspondence		
Address		Address		Country
		]		
City		City		State
Pin Code		Pin Code		
Contact No.		Contact No.		7
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concealed. I also agree to observe and abide by all the rules and regulations (as amended from time to time) framed by University/Department in respect of the admission procedure, courses of study, syllabi, scheme of examinations, & their conduct, fees dues and other related matters. I further promise NOT to organize or participate in any protest rallies/demonstrations. I understand that the university has full authority to initiate disciplinary action against me in case I violate or infringe the university rules and regulations. certify that I am not involved in any unlawful or criminal activity and no case is pending against me in any court of law nor was convicted by any court of law for any offence.				
Dated:			9	Signature of the Applicant
Parent's/Guardian's Undertaking				
I hereby undertake to make payment of fee and other dues to the institute on behalf of my son/daughter/ward by the prescribed dates I am aware that any delay on my part to pay the dues may invoke imposition of late fees/ fine. I also take responsibility for good behavior of my ward and endorse his/her declaration in this form given above.				
			Signature	e of the Parents/Guardian
<u>Dated</u> :				
Place: Checklist of the Encl	Relation:			
`		One Passport Size Photogr	aph. 4. Detailed marks card (1	10+2), 5. Character Certificate issued by th
		_		y other certificate in support of achievement
in academics, sports	s, cultural or social activities. 8. De	etailed Marks Card of GPA	T Score Card & B.Pharm all yea	r 9. Identity Proof
For Office Use Only				
The applicant _	s	on/Daughter of Shri	/Smt	is selected for admission t
cour	se for t	the academic year. Adr	nission fee paid vide receipt	t no date
Incharge				

NOTE: RAGGING IN ANY FORM IS STRICTLY PROHIBITED. DEFAULTERS WILL BE EXPELLED FROM THE UNIVERSITY AND FIR WILL BE LODGED AGAINST THEM.