

## Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)

Offline Application Form for M. Pharm. (GPAT)& B. Pharm (Lateral Entry) 2022-23

Candidates are advised to read this form and Admission Brochure carefully before filling up the application form use blue or black ink pen to write the application form. Affix Self Attested Recent For Office use only Passport Size Photograph Provisionally Allowed Date of Receipt Not Allowed Receipt No. Reasons Roll Number To be filled in by the candidate in his/her own handwriting (Tick  $\sqrt{\ }$  the appropriate box) 1. Details of Demand Draft / Challan (For Gen/OBC/EWS Rs. 500.00, for SC/ST/PWD Rs. 300.00) Write 1 For DD D.D./Challan No. Amount 2 For Challan Pavable Bilaspur Name of the Bank & Branch (C.G) 2. Category of the candidate (Tick √ the category) OBC General **EWS** 3. Course applied for 4. Specialization 5. Sex Male Female 6. Date of Birth 7. Candidate full Name (In English Capital Letter) Exactly in matriculation/High School Certificate. Leave one box blank between any two parts of the name 8. Father's Name (In English Capital Letter) Leave one box blank between any two parts of the name. 9. Mother's Name (In English Capital Letter) Leave one box blank between any two parts of the name. 10. Address for correspondence House No./Flat No/Village Area/Locality/ District State Pin Code Telephone Number with STD Code Mobile No. e-mail address of the applicant 11. Permanent address House No./Flat No/Village Area/Locality/ Post District State Pin Code

Mobile No.

Telephone Number with STD Code

## 13. If you are Person With Disability (PWD, Divyang), please tick $\sqrt{\rho}$

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	12. Nationality						-	i. Visually Handicapped (VH)					
	Write 1 - Indian,				ii. Orthopedically Handicapped (AH)								
	2 - Other					iii. Hearing Handicapped (HH)							
14. Doi	micile State												
15. Wh	ether you belo	ona to min	oritv con	nmuni	<b>tv</b> if ves. r	olease tick √	at appi	ropriate box					
	Hindu		Muslim Chris			Sikh		Jain Budo		dhist	Parsi	]	
16. Det	ails of exam p	assed by	the Cand	idate*									
	Name of the examination		University/Board		Year	Subject / Specialization		Total Marks obtained / Max. Marks		% of Marks	Remarks		
	High School or equivalent (10 <sup>th</sup> )	)						ina no					
	Intermediate (1 level	10+2)											
	Graduation (10- / B. Pharm./D. F												
	Post-Graduation	n											
	Any other examination like GPAT	e											
* The c Grad	ether you have andidate should uation (all the	d clearly & years), Po	correctly st Gradua	mentication (a	on the ma	rks obtained a	nd atta	ch self attes	sted photo	copy of marks			
exan	nination in 2021	I-22 may al	so apply.										
DECLARATION													
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Date:									ire of the nning han	Candidate dwriting)			

Name \_\_\_

Place: