

SRI HOMBEGOWDA EDUCATION TRUST (Regd.)

Dr. H.L.T. COLLEGE OF PHARMACY

Kengal, Channapatana, Bangalore (Rural)-571502, Karnataka

Phone: 080-7252572

(Approved by P.C.I., A.I.C.T.E., New Delhi & Affiliated to R.G.U.H.S., Bangalore.)

APPLICATION FORM FOR ADMISSION TO PHARMACY

(Enclose DD for Rs. 100 in favour of the Principal Dr. H.L.T. College of Pharmacy.
Payable at Bangalore)

SELECT THE COURSE

M. PHARMA

B. PHARMA

1. NAME OF THE CANDIDATE (In block letters as per 10th marks card)

2. A. NAME OF THE FATHER _____

B. OCCUPATION

C. ANNUAL INCOME

3. AGE & DATE OF BIRTH

4. A. NATIONALITY

B. RELIGION

C. CASTE

(State whether belongs to any reserved category, if so submit proof)

5. PERMANENT ADDRESS OF THE CANDIDATE

6. PARTICULARS OF QUALIFYING EXAM

Qualifying Exam passed	Name of the Board or State	Regd. No. & year of passing	No of attempts	Total marks %	Marks obtained % in physics, chemistry, Math	optional

7. INSTITUTION AT WHICH THE CANDIDATE STUDIED DURING LAST SEVEN YEARS. (Give reasons for discontinuation if any in remarks column)

Course year	Name of Institution	Class	Medium	Remarks

8. EXTRA CURRICULAR ACTIVITIES

9. NAME & ADDRESS OF A RESPONSIBLE PERSON FOR REFERENCE

DECLARATION BY THE CANDIDATE

I _____ Daughter/Son of _____ hereby declare that the information furnished above is true to the best of my knowledge. I promise to abide the rules & regulations framed by the college Authorities and also declare that I am liable for any disciplinary action taken by the college authorities incase of any on my default.

DECLARATION BY THE CANDIDATE

I _____ Admitted my Daughter/Son _____
_____ Into M. PHARMA B. PHARMA