

Application Form No: _____

Estd: 2013



LAITHANGPUI COLLEGE OF PHARMACY

A Unit of Mission Foundation Movement

APPLICATION FORM FOR DIPLOMA IN PHARMACY SESSION : 2022-2024

Name of Applicant in Capital Letter as recorded in HSLC

Name of Applicant's Father in Capital Letter

Passport size photograph
to be pasted here

Date of Birth (as per HSLC)

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DAY

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MONTH

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YEAR

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SEX

Religion _____ Caste _____

Place of Birth _____ Nationality _____

Adhaar No:

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Permanent Address: (H/no, etc.) _____

Locality/Veng _____ Town/City _____

District _____ State _____

Phone no. _____ Email _____

Particulars in entry Qualification School last attended

Name of Last Examination _____

Name of Last Examination Board _____

Year of passing _____ Full Mark _____

Total Marks Obtained _____ Division _____

(For those who have Higher Qualification than the entry Qualification)

School last attended _____

Name of last Examination _____

Name of last Exam. Board _____

Year of Passing: _____ Full mark: _____

Total Marks Obtained: _____ Division: _____

List of Documents to be attached

Sl. No	Documents attached	Yes/No
1.	Birth Certificate	<input type="checkbox"/>
2.	HSLC Certificate & Marksheet	<input type="checkbox"/>
3.	HSSLC Certificate & Marksheet	<input type="checkbox"/>
4.	Residential Certificate	<input type="checkbox"/>
5.	Aadhaar Card	<input type="checkbox"/>
6.	Migration for other state	<input type="checkbox"/>

DECLARATION BY THE CANDIDATE

My Particulars stated above are true to best of my knowledge and belief. I have read the Prospectus and I shall abide by the terms and conditions contained therein. In case of any false statement or in the event of being found ineligible even at a later date, I am liable to any actions taken by the Institution as it deems fit and proper. I promise to accept and abide by the decision of the Selection Board as final and true.

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Signature of Applicant
Date:.....

DECLARATION BY THE PARENTS/GUARDIAN

In the event of my son/daughter Mr./Ms..... being admitted to Diploma in Pharmacy Course in Laithangpuii College of Pharmacy, Zemabawk. I shall bear the responsibility of his/her conduct in and outside the Institution. I also undertake to pay his/her course of study in the said Institution from time to time.

I am aware that according to the rules of the Institution, a minimum attendance of 75% is required in lectures and sessionals of each subject of study.

I will withdraw my son/daughter from the Institution if his/her attendance, progress or conduct are found unsatisfactory and also if he/she fails to clear the dues in time.

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Signature of Parent/Guardian

Relationship with Candidate
Occupation.....
Address for Communication