



LAITHANGPUI COLLEGE OF PHARMACY

ESTD : 2013

(A UNIT OF MISSION FOUNDATION MOVEMENT)

APPLICATION FORM FOR DIPLOMA IN PHARMACY

SESSION : 2024-2026

Passport size
photographs should be
pasted here

Name of Applicant in Capital Letter as recorded in HSLC

Father's Name with Contact number

Mother's Name with Contact number

Date of Birth

(as per HSLC)

DAY

MONTH

YEAR

SEX

Religion _____ Caste _____

Place of birth _____ Nationality _____

Aadhar No

Permanent Address : (H/no, etc.)

Village/Veng _____ Town/City _____

District _____ State _____

Phone no. _____ Email _____

Particulars in entry Qualification

School last attended _____

Name of Last Examination _____ Name of Last Exam. 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 attached

Sl. No	Documents attached	Yes/No
1.	Birth Certificate	<input type="checkbox"/>
2.	HSLC Certificate and Marksheet	<input type="checkbox"/>
3.	HSSLC Certificate and 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 the 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 the later date that I am liable to any actions taken by the Institution as it deems fit and proper. I promise to abide by the decision of the Selection Board as final and true.

(_____)

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, Bawngkawn 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 time to time.

I am aware that according to the rules of the Institution a minimum attendance 75% is required in lectures and sessional 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.

(_____)

Signature of Parent/Guardian

Relationship with Candidate

Occupation.....

Address for Communication

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