

Application Form No: \_\_\_\_\_



Estd: 2013

# LAITHANGPUI COLLEGE OF PHARMACY

*A Unit of Mission Foundation Movement*

## APPLICATION FORM FOR DIPLOMA IN PHARMACY SESSION : 2023-2025

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.

( )

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.

( )

Signature of Parent/Guardian

Relationship with Candidate .....

Occupation.....

Address for Communication .....

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