

Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)

Offline Application Form for M. Pharm. (GPAT)& B. Pharm (Lateral Entry) 2023-24

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. Nationa	ality	i. Visually Handicapped (VH)							
	Write 1 - Indian,					ii. Orthopedically Handicapped (AH) iii. Hearing Handicapped (HH)				
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14. DO	micile State		•••••	•••••						
15. Wh	ether you belo	ng to minority	communi	ty if yes, p	olease tick $\sqrt{}$ a	t appr	opriate box			
	Hindu	Muslim	Muslim Chris		Sikh		Jain Budo		dhist	Parsi
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16. De	tails of exam pa	assed by the Ca	andidate*							
	Name of the examination	Universit	University/Board		Subject / Specialization		Total Marks obtained / Max. Marks		% of Marks	Remarks
	High School or equivalent (10 th)									
	Intermediate (10 level	0+2)								
	Graduation (10+ / B. Pharm./D. P									
	Post-Graduation	1								
	Any other examination like GPAT									
* The c	andidate should		ctly mentic	on the mai	rks obtained an	d atta	ch self attes	sted photo	copy of marks	Yes/No sheets of 10 th , 12 th , ng in the qualifying
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Date:									Candidate dwriting)	

Place:

Name _____