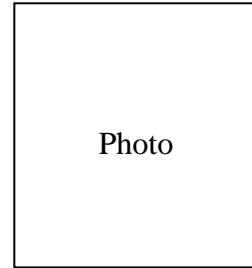


**GOVT POLYTECHNIC EDUCATION SOCIETY, UTTAWAR (PALWAL)**

**APPLICATION FORM FOR DIPLOMA IN PHARMACY ADMISSION 2021-2022**

- 1 Name of the candidate \_\_\_\_\_  
(as per 10<sup>th</sup> mark sheet)
- 2 Father's Name \_\_\_\_\_
- 3 Mother's Name \_\_\_\_\_
- 4 Gender \_\_\_\_\_
- 5 Date of Birth \_\_\_\_\_
- 6 Aadhaar No (Attach Document) \_\_\_\_\_
- 7 Haryana Residence Certificate (Yes/No) (Attach Document) \_\_\_\_\_
- 8 Category (Attach Document) \_\_\_\_\_
- 9 Whether apply under MAR Quota or not : Yes/No  
(If yes then, Mewat Area Certificate No. \_\_\_\_\_)
- 10 10th mark sheet (Attach Document)



Sr. No	Qualifying Exam	Roll No	Board	Marks Obtained	Total Marks	%age/CGPA
1.	10 <sup>th</sup>					
2.	10+2 Science					

Subject wise Marks/CGPA: Chemistry \_\_\_\_\_ Physics \_\_\_\_\_ Biology/Math \_\_\_\_\_ English \_\_\_\_\_

- 11 Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12 Contact No/ Mobile No \_\_\_\_\_
- 13 Any Special Category (Attach Document) KM/FF/ESM/TFW/PH/HGST
- 14 E-mail ID \_\_\_\_\_

**Declaration:**

I hereby certify that the information given by me in admission form is correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Place:

Date:

**(Signature of Candidate)**

**Note:- All relevant attach documents should be self attested / Gazetted officer.**

**For office use only**

<b>Documents Verification Team</b>	<b>Seat Allotment Team</b>
Document Verified	Seat Allotted in _____
Signature of Committee	Under Category _____
1 _____ 2 _____ 3 _____	Signature of Committee
	1 _____ 2 _____ 3 _____