

DIRECTORATE OF MEDICAL EDUCATION
ALLOTMENT TO B.PHARM (LATERAL ENTRY) COURSE 2012
PROFORMA FOR EXERCISING OPTION

Name in English (In Block letters) :

Application No :

Contact Address :

Rank No :

Reservation Category :

Priority	College	Priority	College	Priority	College
1		6		11	
2		7		12	
3		8		13	
4		9		14	
5		10		15	

I hereby solemnly affirm that I have read carefully the prospectus for B.Pharm(LE) Course,2012 and agree to abide by the provisions contained therein

Date :

Signature of Candidate

(For Office Use)

Certificate Produced/to be verified

		✓ /X	Remarks
1	Admit Card		
2	Certificate to prove date of birth		
3	Mark list of qualifying exam		
4	Pass Certificate of qualifying exam		
5	Nativity Certificate		
6	Income Certificate		
7	Community Certificate		
8	Original Certificate of Registration with Pharmacy Council		
9	TC		

Course allotted	College allotted	Category

JOINT DIRECTOR