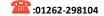


COLLEGE OF PHARMACY PGIMS: Pt. B.D SHARMA UNIVERSITY OF HEALTH SCIENCES ROHTAK

Email: principal.copharmacy@uhsr.ac.in





No/COP/2024/

Date:

Notice of Admission in Bachelor of Pharmacy (LEET) Lateral Entry (2024-25)

Subect:-Institutional level counseling for admission against one vacant seat in B. Pharmacy (LEET) Lateral Entry

Online application through E-mail (sdpgips@gmail.com) are invited for filling of one vacant seat of B. Pharmacy (LEET). Lateral Entry for the session 2024-25(Application form attached). Last date of application is 19.10.2024 by 12.30 PM. Following is the vacancy position of seats.

Sr. No.	Category	No. of seats
1.	HOGC	01

No application shall be entertained by any other mode except e-mail. Merit list shall be displayed on 25.10.2024 on www.uhsr.ac.in.

Physical counseling shall be conducted at 10.00 AM on 28.10.2024. Admitted student shall submit relevant documents and requisite fee on 28.10.2024. The eligibility and other details shall remain same as mentioned in the prospectus available at www.hstes.org.in. If candidate had not deposited his/her counseling fee of Rs.500/- earlier with HSTES, then he/she shall deposit the counseling fee in the account of institute at the time of admission.

The student desirous of getting admission shall bring all original documents and required fee of Rs.9,750/- failing which admission shall not be offered.

The admission shall be conducted on the basis of merit rank given by HSTES.

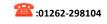
Principal Encl: as above For Director



COLLEGE OF PHARMACY PGIMS: Pt. B.D SHARMA UNIVERSITY OF HEALTH SCIENCES ROHTAK

Email:principal.copharmacy@uhsr.ac.in

Place





No/COP/2024/ Date:

Application Form-Bachelor of Pharmacy (LEET) Admission-2024-25

1.	Full name (ii	n block letter)			Merit Rank	(HSTES)					
2.	Sex Male_	Female	Trans	gender							
3.											
	ii) Mother's	Name (in block letter)									
4.	Date of Birth	1									
5.	Do you want to be considered in any of the reserved Yes or No										
	If Yes mentioned the name of the reserved category (ies) in order of preference										
	EWS/SC/BC(A)/BC(B)/PHB/PHL/ESM/Dependent of FF/										
	Annual income (as per income certificate of 2024) in case of EWS,TFW and BC category										
6.	Full Postal address (in block letter)										
	Mobile NoEmail id										
7.	Details of	studies of 10th, 10					1				
	Name of Class	Name of School/College	Roll No.	Month and year	Name of board/Uni.	Result/Marks obtained	Max. Marks				
	Class	where studied	NO.	of	board/oill.	obtained	Warks				
				passing							
				the							
	10 th			exam.			-				
	10+2										
	10.2										
	Diploma										
	in										
	Pharmacy										
	1 st year Diploma										
	in										
	Pharmacy										
	2 nd year										
	Declaration:-										
	1. The information given in the application is absolutely and true.										
	2. If at any time subsequent to my admission, it is discovered that any information										
	given in this application or in the attached certificate or in documents produced										
	here after is false, I may be removed from the college and all fees paid by me										
	confiscated. The authorities may also take any further action against me or my										
	father/guardian as it deem fit.										
	3. List of documents attached										
	Signat	ure of Father/Gua	rdian		Signature o	of applicant					
	Date				Date						

Place