

To,

The Director of Medical Education, Assam
Sixmile, Khanapara, Guwahati-22.

Sub Application for admission into Diploma in Pharmacy course, session 2017.

Name of the Candidate :

Name of Father/Mother/Guardian :

Address :

Phone/Contact No. (if any).....

Roll No in CEE Marks obtain in CEE Rank in CEE

Date of Birth Age on 1st January, 2017 YY/MM/DD

Marks in HSSLC/ Equivalent:

Subject (10+2)	Marks obtained in (10+2)	Total Mark	Percentage in PCB	Percentage in PCM
Biology				
Physics				
Chemistry				
Math's				

Institution of Preference		
1 st	2 nd	3 rd

Year of Passing HSSLC/Equivalent (10+2) :.....Board/Council:.....

Caste Categories claiming: Gen OBC/MOBC ST(P) TGL/Ex-TGL

P.R.C./ Nativity Certificate District:..... State :.....

Date:..... Signature of Candidate (in full):.....

(For office use only) Certificates to be checked during scrutiny

1. Admit Card of HSLC : Accepted Rejected

2. Pass Certificate of HSSLC/Equivalent: Accepted Rejected

3. Marks Sheet of HSSLC/Equivalent: Accepted Rejected

4. Permanent Residency Certificate: Accepted Rejected

5. Caste Certificate: Accepted Rejected

Signature of Applicant.