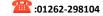


COLLEGE OF PHARMACY

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

Email:principal.copharmacy@uhsr.ac.in



Date:



No/COP/2024/

Subject:- Institutional level counseling for admission against vacant seats in B. Pharmacy 1st semester

Online application through E-mail (<u>sdpgips@gmail.com</u>) are invited for filling of vacant seats of B. Pharmacy 1st semester for the session 2024-25 (Application form attached). Last date of application is 25.11.2024 by 02.00 PM. Following is the vacancy position of seats.

Sr. No.	Category	No. of seats
1.	HOGC (FF)	01
2.	SC (FF)	01
3.	PH	01

Number of vacant seats may vary due to withdrawal of admission, if any.

No application shall be entertained by any other mode except e-mail. Merit list shall be displayed on 27.11.2024 on www.uhsr.ac.in.

Physical counseling shall be conducted at 10.00 AM on 28.11.2024. Admitted student shall submit relevant documents and requisite fee on 28.11.2024. 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 counselling fee of Rs.500/- earlier with HSTES, then he/she shall deposit the counselling 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.

In the event of seats remaining vacant/ unfilled in any category, shall be filled without any reservation firstly on the basis of rank of OCET-2024 and thereafter on the basis of Inter-se-Merit of percentage of aggregate marks of qualifying examination (with Physics, Chemistry, Biology/Maths and English).

Principal Encl: as above For Director



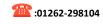
Date

Place

COLLEGE OF PHARMACY

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

Email: principal.copharmacy@uhsr.ac.in





No/COP/2024/ Date:

Application Form-Bachelor of Pharmacy Admission-2024

Sex MaleFemaleTransgender									
i) Father's Name (in block lette	er)							
ii) Mother's Name									
Date of Birth									
Do you want to be	considered	in any of t	he reserved Y	es or No					
If Yes mentioned t	he name of t	the reserve	ed category (i	es) in order (of preference				
EWS/SC/BC(A)/B	C(B)/PHB/I	PHL/ESM	/Dependent o	f FF/					
Annual income (as	per income	certificate	e of 2024) in o	case of EWS	TFW and BC ca	tegory_			
Full Postal address	(in block le	tter)							
Mobile No			Email i	d					
Details of studies of	of 10 th , 10+2	classes:							
Name of Class	Name of School/College where studied		Roll No.	Month an year of passing the exam.	board/Uni.	Result/Marks obtained		Max. Marks	Percent
10 th									
10+2(Aggregate of five subjects)									
Details of marks of	htained in 10)±2 or ear	ivalent evam	<u> </u>					
Subject	Max. N			Marks obtained		Percentage			
English									
Physics									
Filysics									
Chemistry									
	ics (which								
Biology/Mathemat ever is higher)									
ever is higher)	ne of fifth loned)			ļ					1
ever is higher)(Nan									
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(Nansubject to be mentional Community of the community of	on given in subsequent	to my adn	nission, it is d	iscovered the	at any informatio	oved fro	om the colle	ege and all f	ees
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Date

Place