

LAHORE COLLEGE OF PHARMACEUTICAL SCIENCES

18-km, Lahore-Raiwind Road, Lahore.

Application for Admission (Select One)

- ☐ *Doctor of Pharmacy (Pharm. D)*
- ☐ *Pharmacy Technician*
- ☐ *Doctor of Physical Therapy (DPT)*

Roll No.
To be filled by office

Paste One Recent
Photograph
Here With Gum Only

NOTE:
Please supply 12
more photographs
in separate small envelope

Please write in BLOCK LETTERS:

NAME OF THE APPLICANT: <small>(According to Secondary School Certificate)</small>																					
NAME OF THE FATHER: <small>(According to Secondary School Certificate)</small>																					
FATHER/GUARDIAN'S PROFESSION	ANNUAL INCOME																				
PHONE# (FATHER)	PHONE# (STUDENT):																				
DATE OF BIRTH	RELIGION:																				
PRESENT ADDRESS:																					
PERMANENT ADDRESS:																					
APPLICANT N.I.C NO.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						—														
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F.SC BOARD REGISTRATION NO	F.SC BOARD NAME																				
UNIVERSITY REGISTRATION NO (IN CASE OF B.SC, PHARM-D)																					
BLOOD GROUP																					

EDUCATIONAL BACKGROUND

Examination	Roll No.	Year	Marks Obtained	Total Marks	Division	School/College University
Secondary School Certificate						
Intermediate (Pre Medical)						
B.Sc. After F.Sc. (Pre Medical)						
B. Pharmacy/ Pharm.D						

DECLARATION

1. I am joining the College with the consent of my father/guardian. His/Her letter of consent is attached.
2. I shall not hold the College responsible, if any damage is done to my person while conducting practicals in the Laboratories of the College, or its allied institutions.
3. **I solemnly declare that:**
 - 1) I am not in-service/am in service (Score out one not applicable)
 - 2) I am not suffering from any infectious disease.
4. **I promise to:**
 - 1) be of good behaviour.
 - 2) work diligently and maintain the dignity and prestige of the college both in and outside the campus
5. **I promise not to :**

Take part in anti-Islamic, anti-state, political or sectarian activities.
6. I further promise to pay all dues, fines if any, regularly.
7. I hereby declare that I accept as binding on me, as long as I am a student, all Rules and Regulations, in force at the time of joining and which might be framed subsequently, I shall submit to the discipline of the College as exercised through its teachers and administrative officers.
8. I accept as a condition of my admission and authority of the college that a student can be required to withdraw his name from the rolls, if in the opinion of the Dean of the College, his stay is not conducive to the welfare, either of himself or others in the college. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off from the rolls of the college.
9. I solemnly declare that if I am at any time found to have given any wrong statement in this application form or if have wilfully concealed any material fact (particularly about marks, division, previous admission to the college or employment, expulsion, conviction etc.), my name may be removed from the rolls of the college.

Dated.....

Signature of Candidate

I certify that my son/daughter /ward is seeking admission with my knowledge and consent and that the particulars given above are correct and that I hold myself responsible of his/her conduct towards the college in all respects.

Dated.....

Signature of Father/Guardian

Important Instructions:

Please attach One Copy of the documents and certificates:-

Matriculation Certificate

F.Sc. Certificate

B.A/ B.Com/ B.C.S/ B.B.A/ B.Sc. Degree

Applicant & Father/ Guardian's National Identity Card

10-Pasport Size & 2 "1x1" Size Pictures (*attach with form in separate small envelope*)

Medical Fitness Certificate

Domicile (*For Pharmacy Technician Students Only*)

Particulars of College Dues **Fee once deposited will not be refunded**

Tuition Fee: _____/year

Bus Charges: _____/year, Lahore/ Raiwind

Registration Fee: _____

Enrollment Fee: _____

Breakage & Chemicals Fee: _____

Library Fund: _____

University Fund: _____/year

Total Dues of 1st Year: _____

Total Dues of 2nd year to 5th year: _____

Installment Plan	Installment Amount	Due Date
Installment# 1:		
Installment# 2:		
Installment# 3:		
Installment# 4: (Only for Needy Person), Attach Application for the Grant of Permission for 4th Installment.		

Approved By: _____ **Signature/ Stamp:** _____

Detail of Fee

Prof./ Sem	Installment #	Amount	Depositor Name	Receiving Person	Date

Note:

1. Fee is payable by "Cash/ Pay Order/ Demand Draft" in the name of "*Lahore College of Pharmaceutical Sciences*".
2. Fee once deposited will not be refunded.