




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

Email: [principal.copharmacy@uhsr.ac.in](mailto:principal.copharmacy@uhsr.ac.in)

 :01262-298104



No/COP/2024/

Date:

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

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

Online application through E-mail ([sdpgips@gmail.com](mailto: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](http://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](http://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.

Encl: as above

Principal  
For Director



No/COP/2024/

Date:

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

1. Full name (in block letter).....Merit Rank (HSTES) .....
2. Sex Male\_\_\_\_\_ Female\_\_\_\_\_ Transgender\_\_\_\_\_
3. i) Father's Name (in block letter)\_\_\_\_\_
- ii) Mother's Name (in block letter)\_\_\_\_\_
4. Date of Birth\_\_\_\_\_
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 No.\_\_\_\_\_ Email id\_\_\_\_\_

7. Details of studies of 10<sup>th</sup>, 10+2, Diploma 1<sup>st</sup> & 2<sup>nd</sup> Year Classes

Name of Class	Name of School/College where studied	Roll No.	Month and year of passing the exam.	Name of board/Uni.	Result/Marks obtained	Max. Marks
10 <sup>th</sup>						
10+2						
Diploma in Pharmacy 1 <sup>st</sup> year						
Diploma in Pharmacy 2 <sup>nd</sup> 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.\_\_\_\_\_

Signature of Father/Guardian  
 Date  
 Place

Signature of applicant  
 Date  
 Place