

# MET FACULTY OF PHARMACY/ MIT COLLEGE OF PHARMACY

(Constituent Institute of MIT Group of Institutions)

## REGISTRATION FORM – B.PHARM. 2<sup>nd</sup> YEAR (LATERAL ENTRY) 2025-26

Application No.....  
(To be filled by office)

1. Name of the Applicant .....
2. Father's Name .....
3. Mother's Name .....
4. Present Address for communication .....
5. WhatsApp No .....Alternate Mobile No.....
6. Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: M/F.....Category Gen/OBC/SC/ST).....
7. Entrance Exam Appeared (Yes/No) Name of Exam.....  
If Yes, Roll No. ....Marks..... Gen. Combined Rank .....
8. Aadhar Card No. .... Email Id.....

### 9. Academic Details:

Class	Roll No.	Board/ University	Max. Marks	Marks obtained	Year	Percentage
Diploma in Pharmacy						

1. Registration Amount Rs. 10000/- and Processing Charges Rs. 1000/- deposited by Cash/Online .....  
Amount ..... Dated..... Transaction No.....

### DECLARATION

I hereby declare that I am applying for admission with the clear understanding that:-

1. Registration is not a guarantee for admission.
2. Admission will be offered in the institute only against the management quota seats/vacant seats after counseling on the basis of merit in the applicable entrance exam / qualifying examination, in that order.
3. The details of Rs. 11000/- being deposited are as under :-
  - (a) Rs. 10000/- is the Registration amount which will be adjusted against the fees incase admission is taken in this Institute in the year 2025-26 or it will be refunded if admission is not offered. Refund (in the form of A/C payee cheque in favor of candidate) may take about one Month after the admission process is over or the date of application for cancellation whichever is later.
  - (b) Rs. 1,000/- is the Processing fee and is non-refundable and non-adjustable.
4. Request for cancellation of registration and subsequent refund may not be considered in the intervening period between registration and admission.

Signature of Father/Guardian

(As a token of having agreed with the  
declaration made by his ward )

Signature of Candidate

Name .....

Date .....

Name .....

Date .....

### Enclosures:

1. Photocopy of Mark sheet of Diploma in Pharmacy examination
2. Rank proof of CUET(UG)-2025 as applicable.
3. Photocopy of Aadhar Card.

Form Checked By

(Name & Signature)