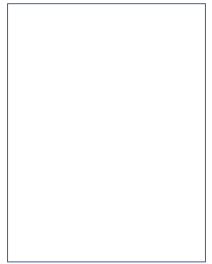


CSK HIMACHAL PRADESH KRISHI VISHVAIDYALAYA
PALAMPUR-176062(H.P)

**Admission Form for Veterinary Pharmacists
Training Examination**



Fill up all the column in form in your own hand legibly.

- 1) The programme for which you are appearing
(Veterinary Pharmacists Training Course(_____))
 - 2) Paper in which appearing: _____

 - 3) External Examination Fee Rs.....(Rs.....Thousand Only)
 - 4) Being remitted vide Bank Draft No._____ dated_____
- Bank draft in favour of the Comptroller, CSKHPKV, Palampur drawn on SBI, HPAU, Palampur (code No. 3632)**
- 5) Name of the centre where the training is imparted : _____
 - 6) Name of the Applicant (in Block letters):
English_____

Hindi _____

Father's / Guardian's Name _____

Mother's Name _____

Date of Birth _____

Nationality _____

Sex Male / Female _____

Address of the Applicant

Mailing _____ **Permanent** _____

Pin code_____ Pin code_____

Ph. No. _____ Ph. No. _____

Note:- Please write Yes or No in your hand

- 7) Are you bonafide resident of H.P? _____
- 8) Have you ever been dropped/suspended/ expelled/rusticated from any Institute?___
- 9) Have you ever been found guilty of using un-fair means or
disqualified in any Board/University examination?_____
- 10) Has your conduct in the institution last attended by you been good? _____

DECLARATION

I/We Solemnly affirm that the information in this form is complete and true to the best of my knowledge and belief and that I have made this application with the consent of my parents / guardian.

Signature of Parents/Guardian

Date_____

Signature of Applicant

Date_____

ATTESTED BY ME