



# Shaheed Benazir Bhutto University

## APPLICATION FORM FOR ADMISSION IN DIPLOMA COURSE IN PHARMACY TECHNICIAN (CATEGORY- B)

PERSONAL INFORMATION												
Name:	CNIC											
Father Name:	CNIC											
Personal Mobile:	Father Mobile:											
Landline No:	Applicant Email:											
Religion:	Marital Status:											
Permanent Address:												
Mailing Address:												
ACADEMIC INFORMATION												
Exam:	Study Group:											
Exam Board:	Passing Year:											
Exam Session: Annual/ Supplementary	Roll No:											
Grade:	Institution Name:											
<i>Note: Eligibility criteria for the program is SSc (Science)</i>												
DECLARATION												
<i>I certify that the statements made by me in the answers to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I fulfill all the prerequisite required for the admission. Submission of Fake/forged documents and any misrepresentation or omission discovered even after admission may render my admission liable to termination in addition to the action decided by the University authorities. I agree to abide by the rules and regulations of Shaheed Benazir Bhutto University.</i>												

\_\_\_\_\_

**Student Sign**

Thumb impression & Signature

\_\_\_\_\_

**Parent/ Guardian Sign**