Rajasthan University of Health Sciences, Jaipur

Rajasthan Centralized Pharmacy Admissions-2009

Option Form

Registration No.:	Merit No.: (to be filled by office)	Name:

Choice	College	Course*	Choice	College	Course*	Choice	College	Course*
1			21			41		
2			22			42		
3			23			43		
4			24			44		
5			25			45		
6			26			46		
7			27			47		
8			28			48		
9			29			49		
10			30			50		
11			31			51		
12			32			52		
13			33			53		
14			34			54		
15			35			55		
16			36			56		
17			37			57		
18			38			58		
19			39			59		
20			40			60		

* Course code B.Pharm 01 D.Pharm 02

Secondary examination result	Marks obtained		Total marks	
Details of D.D. of Rs. 10,000/- (no., date & bank)				

Declaration

1. I have filled _____ No. of options.
2. I have gone through all the instructions and rules to fill this option form.
3. In case, a seat is allotted to me as per options filled in by me, then I will report in the allotted institution on the scheduled date and time as informed by the Coordinator CAC (Pharmacy)-2009.
4. I will not claim any refund of the above said fee if I deny joining the allotted institute.
5. I fulfill all the eligibility criteria as required by the norms. I accept that if any information is detected as false at any stage then my candidature will be cancelled.
6. All the information filled in this option form are true and correct to the best of my knowledge and belief.

Date: Signature of Candidate