

**Rajasthan University of Health Sciences, Jaipur**  
**Rajasthan Centralized Admissions for Pharmacy and Allied Health Sciences (RCA-PAHS-2010)**

**Option Form**

Registration No.:	Merit No.: (to be filled by office)	Name:
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Course	B.Pharm	D.Pharm	B.Sc. Nursing	B.Sc. Radiation Technology	BPT	BOT	B.Oph.T.
Course code	01	02	03	04	05	06	07

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

D.D. No.	Amount	Date	Bank
	10,000/-		

**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 Convener RCA-PAHS-2010.
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