



9. Nationality :	10. Domicile status:
11. a) District in which studied PUC-2/Equivalent	
b) Have you studied 7 years in Karnataka state? <span style="float: right;">Yes / No (tick ✓)</span>	
c) If No give details for exemption [See Instruction 1(a)(b)(c)]	
12. a) Father's Profession	
b) Annual income of family from all sources	
13. If you claim a seat under any of the following categories tick ✓ whichever is applicable.	
Scouts & Guide <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Defence <input type="checkbox"/> N.C.C <input type="checkbox"/>	
EX. Defence Personnel <input type="checkbox"/> Anglo Indian <input type="checkbox"/> H.K <input type="checkbox"/> G.K <input type="checkbox"/> Sports <input type="checkbox"/>	
14. D.D. Details	
DD Amount :	DD No. :
DD Date :	Bank Name :
<p>I Declare that the above information is true and correct to the best of my knowledge and belief. I have gone through the ordinance for the selection rules and admission rules. In case any of the above information is found to be false or incorrect, I shall forfeit the claim to be considered for a seat in Pharmacy College. I and /or my parent/ guardian will also be liable for such civil/criminal action as the state may take against me/us in this behalf.</p>	
Signature of father If not alive mother, If both are not alive Guardian.,	<b>SIGNATURE OF THE CANDIDATE</b>
Place:	
Date:	