

Office of the Chairman, Pharmacy Counseling Board 2024  
Rajasthan University of Health Sciences, Jaipur

RAJASTHAN CENTRALIZED ADMISSIONS TO  
M.PHARM COURSES 2024  
(RCA Pharmacy 2024)

Option Form / Choice Filling Form (M.Pharm)

Name:

| Choice No. | Name of pharmacy college | M.Pharm specialization |
|------------|--------------------------|------------------------|
| 1.         |                          |                        |
| 2.         |                          |                        |
| 3.         |                          |                        |
| 4.         |                          |                        |
| 5.         |                          |                        |
| 6.         |                          |                        |
| 7.         |                          |                        |
| 8.         |                          |                        |
| 9.         |                          |                        |
| 10.        |                          |                        |
| 11.        |                          |                        |
| 12.        |                          |                        |
| 13.        |                          |                        |
| 14.        |                          |                        |
| 15.        |                          |                        |
| 16.        |                          |                        |
| 17.        |                          |                        |
| 18.        |                          |                        |
| 19.        |                          |                        |
| 20.        |                          |                        |

I have filled \_\_\_\_\_ No. of choices in order of preference.

Date:

Signature of Candidate