

# चौधरी बंसी लाल विश्वविद्यालय

### Chaudhary Bansi Lal University

(A State University established under Govt. of Haryana Act No. 25 of 2014)

Hansi Road, Prem Nagar, Bhiwani



#### Institute level counselling for B.Pharmacy (Session 2024-25)

Vacant seats: 34

(AIC:05, HOGC:12, HOGC FF: 01, SC-03, SC ESM: 01, BC-06, PH:02, TFW:03, EWS:01)

Particular	Date
Last date of submission of application form* and fee (By hand in the	06-11-2024 (upto 05:00 PM)
office of Deptt of Pharmaceutical Sciences, CBLU Prem Nagar	
Bhiwani)	
Institute level Counselling for all categories after merging only sub	
categories	
<ul> <li>Display of Merit List on University Website</li> </ul>	07-11-2024 (upto 04:00 PM)
and the state of t	(apre sines sing)
<ul> <li>Last date of Fee Deposit</li> </ul>	11-11-2024
Institute level Counselling without any reservation (by merging all	
reserved categories)	
<ul> <li>Display of Merit List on University Website</li> </ul>	12-11-2024 (upto 04:00 PM)
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Last date of Fee Deposit	14-11-2024

Institute level Open counselling(s) will be conducted for vacant/ left out seats on a suitable date before 30-11-2024 (final cut-off date of admission). The dates will be updated on the University Website.

Application fee Rs. 800/- for General category and Rs. 200/-for all reserved categories of Haryana only

- Duly filled application form alongwith original fee slip and photocopy of documents be submitted by hand in the office of Department of Pharmaceutical Sciences, CBLU, Prem Nagar, Bhiwani upto 06-11-2024 (05:00PM).
- Basis of Admission: As per HSTES instructions. Declaration of merit of applicants for institute level counselling on the basis of Rank provided by HSTES and thereafter inter-se-merit of qualified exam.
- The candidates must bring all original documents alongwith two sets of self-attested copies and 2 recent photograph at the time of reporting in the Department.
- For details and updates visit University Website regularly and for any quiry contact 9034279865 (call between 10:00 AM to 05:00 PM only)

Vacant seats may increase in case of leftout.

\*Application form available on University Website.

Chairperson

Pharmaceutical Sciences

Copy of the above is forwarded for information and necessary perusal: -

- 1. Admission Coordinator
- 2. PRA for wide publicity circulation as news item.
- 3. Computer centre for uploading on University website.
- 4. P.S to Vice-Chancellor (for kind information of the Vice-Chancellor), CBLU, Bhiwani.
- 5. P.A to Registrar (for kind information of the Registrar), CBLU, Bhiwani.

Website: www.cblu.ac.in

Email: pharmacy@cblu.ac.in



### **CHAUDHARY BANSI LAL UNIVERSITY BHIWANI**

(Established by Govt. of Haryana under ordinance No. 25 of 2014)

#### **Student Information/Provisional Admission Form 2024-2025**

App.No	Cours	e	Depar	tment	
this Admission For		ıld be left unfilled.	_	n in the Information Br gainst the column(s) no	_
Name of Student:					
Father's Name:					
Mother's Name:					Please
Date of Birth:	Blood	Group	Gender		Paste Latest
Nationality:	Bonafic	e Resident of Hary	ana	(Yes/No)	Passport Size Colour Photo
Permanent Addres	s:				(Unattested)
		PIN.			
Correspondence A	ddress:				(Signature of
		PIN.			Candidate)
Contact Details:		.(Mobile)	@	(E-mail)	
Family id					
Aadhar Card No/UI	D:	Ac	lmission Catego	ory	
Category: AIC/HO	GC/SC/BC-A/BC-B	/PH/Any Other			
Are you claiming a	dmission against Si	upernumerary seat	s?		
If Yes, mention the	category				
Were you ever exp	elled/rusticated/pu	ınished on accoun	of misconduct	or indiscipline by any	of the institution you
have studied in?			(Ye	es/No)	
Educational Qual	ification Details	Contact Details:			
Name of Examination	Board/University	Year of Passing	M.O./M.M.	Marks in % age	Subjects
10th (Matriculation)					
12th (Sr. Sec.) or equivalent					
B.A./B.Sc./B.Com.					
Any Other					

Common Entrance Exam Details (if applicable)		
Subject:	Roll No	
Conducted By:	Marks/Rank	
Do You want to apply for the Next Counselling for admission	n: Yes/No	
Fee Payment Details		
Amount:	Date:	
Mode of Payments: Credit Card/Debit Card/ Bank Challan		
Receipt No		
*Please Attach Fee Slip. I solemnly declare that the particulars filled by me are correct and that in case any discrepancy found therein, I shall be responsible for the consequences and my candidature may be treated as cancelled.		
Signature of Applicant	Signatur	re of Parents/Guardians
Place:	Place:	
Date:	Date:	
I declare that the information furnished in this form is correct to the best of my knowledge and belief. I am conscious that if any information is found incorrect therein, I shall be responsible for the consequences and my candidature may be treated as cancelled. I also certify that to the best of my knowledge, I fulfil the eligibility conditions for the course for which I am applying for admission.  (a) I shall abide by the rules and regulations of disciplines and good conduct which may be framed in this regard by the University from time to time.  (b) I shall not indulge in the acts of ragging. If I am found to have been involved in such an act, my admission shall be liable to be cancelled besides any penal action under the law.  (c) I declare that in case I remain absent from classes for continuous seven days, my name is liable to be struck off and I will pay Rs. 500/- for readmission with valid reasons of absence in writing to the Chairperson/In-Charge of the Department, who may grant permission for readmission provided he is satisfied that I will not fall short of the requisite percentage of attendance i.e. 75%.  (d) I hereby declare that at present I am not pursuing any Master Course or any other course in any subject through regular/distance mode from any University. If at any stage this information is found to be incorrect, my admission will be automatically cancelled.  Date:		
This is to undertake and assure that my ward shall not indulge in any act of ragging or indiscipline. If he/she is found to have been involved in such an act of his/her admission shall be liable to be that cancelled besides any penal action under the law.		
Date:	Signature	of the Parent/Guardian
Copies of Self-Attested Documents attached		
Copies of Self-Attested Documents attached (2 sets)		Verified
(i) Family id		
(ii) Application form		
(iii) Allotment letter		
(iv) Matriculation Certificate		

(v) 10+2 Certificate

•••••	(Member-1)	(Member-2)	(Convener)
Sign	ature of Admission Committee	Members	
Date	·		Signature of the Candidate
	scholarship i.e. 70%.		
(b)	solemnly declare that I shall a	tend my classes regularly and fulfil the require	ment of minimum attendance for
	admission may be cancelled.		
	R&S branch well in time. If I fai	l to do so, I shall be liable to be charged full	fee of the course; otherwise, my
	Social Welfare Department, Gc	vernment of Haryana and submit the hard co	py of the scholarship form in the
		ll up the scholarship form online for Post-Mat	ric Scholarship on the website of
Decl	aration Only for SC Candidate		
Date	<b>:</b>		Signature of the Candidate
canc	elled automatically.		
		, falling which my admission to the	e said course shall be treated as
		ubject of	
		ith requisite percentage of marks on the basi	
of		do hereby declare and affirm th	nat I shall submit the proof of
		S/D/o Sh	
Decl	aration regarding Submission (	of Documents (not available at the time of Ad	mission)
(////	oo colouica i notograpiis		
	06 Coloured Photographs		
	Migration Certificate  Aadhar Card		
(xii)	_	of BC candidates (Non-Creamy layer)	
(Xi)		Affidavit in case of SC/BC candidates	
	Single Girl Child) for Haryana		
(x)		med (SC/ST/BC/EBPG/PWD/DFF/ESM/	
(ix)	Certificate in support of Bona		
(viii)		) from the Head of the Institution last attended	d
(vii)	Weightages claimed, if any		
(vi)	Graduation (Semester 1,2,3,4,	0,6)	

#### **ANNEXURE - XXI**

# LIST OF DOCUMENTS REQUIRED AT THE TIME OF ADMISSION In original with 2 sets of self-attested copies

- 1. Computer Generated Application Form duly signed by the Applicant.
- 2. Recent Pass Port size color photographs (6 Copies)
- 3. 10th (Matriculation) Certificate
- 4. 12th (Sr. Secondary) Certificate
- 5. Qualifying Examination Marksheet (B.A., B.Sc., B.Com., B. Pharmacy etc.)
- 6. Latest Character Certificate.
- 7. Certificate of Reserved Category and another Related Certificate, If Applicable
- 8. Income Certificate, wherever required (Issued after 1st January, 2018)
- 9. Haryana Resident Certificate (Domicile), if applicable
- 10. Undertaking certificate from the candidate and parents regarding Anti Ragging as per norms of the University.
- 11. Aadhar Card (UID)
- 12. Ration Card (For Scholarship under PMS Scheme)

## CHAUDHARY BANSI LAL UNIVERSITY APPLICATION FOR ADJUSTMENT OF DUES/FEES

(After the change of Department)

I	Student of	Class Roll Nois nov
leaving the Department a	fter taking admission in class	as I have been selected for admission
in the Department of	at Sr. N	o in the admission list. Please
adjust my security/other	dues already paid by me for the course	of excep
admission fee.		
Date:	-	Signature of Studen
	ft the Department after taking admission. H ng is due against the student.	is/her security/other dues may be adjusted
Date:		Signature of Chairperson with Official Sea
(a) Certified that the abo	ve student has taken admission in Class	
Department of		Roll No
Signature of Chairperson		
Date:		with official Sea
For Office Use Only		
A sum of Rs	(Rupees	) may kindly be adjusted, please
Assistant In-charge (Fee Section)		
Adjustment Allowed		

### **ANNEXURE - XXII**

# CHAUDHARY BANSI LAL UNIVERSITY APPLICATION FOR WITHDRAWAL OF ADMISSION AND REFUND OF FEE

То

	•
Sir,	
	withdraw my admission. So you are hereby requested to refund my fee after Rules. My details are as under:
Course	·
Department/Inst./College	·
Academic Session	·
Name of the Candidate	· · · · · · · · · · · · · · · · · · ·
Father's Name	·
Category	·
Date of Admission	·
Reason for Withdrawal	·
Date of withdrawal	·
Correspondence Address	·
Email	·
Mobile Number	·
Bank Account Number	·
IFSC Code of the Bank	·
Name of Bank/Branch	·
Aadhar Number	:
Document to be attached: (a) Self attested photo copy (b) Self attested photo copy (c) Self attested photo copy	
Date:	(Signature of the Candidate)

#### **VERIFIED AND RECOMMENDED**

Signature with seal of Chairperson/Director/Principal/Head of Department/Institute/College