KALPANA CHAWLA GOVT. POLYTECHNIC FOR WOMEN, AMBALA CITY-134003
(Institute Level Counseling) 2026-27

For Office use Only **Form No.....**	**Merit / Rank.....**

Latest Passport size Photograph

"**Ragging is banned in the institution**"

Please mark (✓) for which course candidate wants to apply in this form

1. Diploma Pharmacy ☐

Name of Candidate:.....Father's Name:.....

Mother's Name.....Date of Birth.....

Category of Candidate.....Whether belong to Haryana / outside.....
(If Haryana Applicant belongs to SC, SC-D, BC-A,BC-B, Harihar, TFW Category, she required to attach Family ID. If belongs to to EWS Category attach EWS Certificate also).

Aadhar No.....(attach Photocopy)

PPP ID.....(Attach PPP ID, If belong to Haryana)

Phone / Mobile No.(1) Whatsaap No.....(2).....

List of Documents Attached:.....

Education Qualification

S.No	Qualification	Board Name	Marks Obtd.	Max Marks	Percantage(%)
1	Matric				
2	10+2 (Medical & Non Medical				
3.	Any other				

Permanent Address

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List of Available Branches:

S.No.	Name of Course/ Branch
01	Diploma Pharmacy

* This Form is merely for Registration only and the final admission will be made on the basis of inter-se-merit of marks Qualifying Education and availability of seats.

Date: **Signature of Candidate** **Signature of Parents / Guardian**

For Office Use Only

On the basis of rank, priority of preferences filled by the candidate & State Govt.
Reservation Policies (instructions of HSTES, Panchkula) received the candidate is being allotted

i) Branch Name _____(Category) _____ on date_____

Signature of Seat Allotment Officer / Incharge_____

FEE RECEIVED RS _____Receipt No. _____ Dated _____ Signature_____