



FACULTY OF TECHNOLOGY
DEPARTMENT OF PHARMACEUTICAL SCIENCES
KUMAUN UNIVERSITY,
BHIMTAL CAMPUS, BHIMTAL, UTTARAKHAND

APPLICATION FORM FOR ADMISSION TO M. PHARM. PROGRAMME
SESSION 2011-2012

Seat Applied For:*
 (Tick the appropriate box)

Open	<input type="checkbox"/>	Sponsored	<input type="checkbox"/>
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Specialization in order of Preference

1.
2.
3.
4.

Affix Recent Passport size Colour Photograph
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Category				GPAT Result		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC	ST	OBC	GEN	Year	Score	Rank

1.Name of applicant.....
 (In capital Letters as per matriculation certificate)

2.Father's name

3.Mother's name.....

4..Guardian's name.....

5. Date of Birth..... Sex (M/F) Nationality

6. Category:..... Sub Category.....
 (SC/ST/OBC attach proof) (AF/FF/PH attach proof)

7.i). Address for correspondence:-----

-----Pin Code-----

Telephone -----

ii) Permanent Address :-----

-----Pin Code-----

Telephone -----

E. mail-----Mob. No.-----Fax.-----

8. a. Academic Record (Attach proof)

Course & Exam.	School/College	University/Board	Year	Division	CGPA/ %Marks
High School					
Inter (10+2)					
B. Pharm.					
GPAT (If applicable)					
Any other					

b. Practical Training during graduation -----
(attach proof)

c. Experience (if any)- Teaching/ industry-----
(attach proof)

9. a. Whether any disciplinary action has been taken against you or whether you were ever convicted of a crime or whether any criminal prosecution is pending against you (yes/ no).....

b. If yes give full particulars

10. a. Have you been admitted previously to M. Pharm programme of this university or any other institute

b. If yes reasons for not completing the course

11. Fee details: DD No.....Date.....

Amount-----Bank-----

DECLARATION BY THE CANDIDATE

I, hereby declare that all the particulars stated above are true to the best of my knowledge, any discrepancies found in the form would make it liable for rejection. I have also read all the instructions given in the Information Brochure and shall abide by them. It is entirely my responsibility to prove my eligibility for admission to the M. Pharm Programme. I, understand that the M. Pharm course is run by Department of Pharmaceutical Sciences, Kumaun University and shall not claim for any scholarship being provided by the funding agencies including AICTE and that the decision of the admission committee regarding my admission would be final. I shall abide by the ordinance and Regulations of Department of Pharmaceutical Sciences, Kumaun University issued from time to time.

Date:
Place:

Signature of the candidate

List of Enclosures

1. Self attested true copies of mark sheets of all examinations (10th onwards)
2. Self attested true copy of GPAT score card
3. Caste certificate (OBC/SC/ST) from a competent authority.
4. Sponsorship certificate (as per Annexure - I)
5. A self addressed envelope of size 9"x4" stamped worth Rs. 27/-
6. Character certificate issued from Head of the Department where candidate last studied or worked.
7. Acknowledgement letter with Rs. 5/- stamp (as per Annexure - II)
8. Domicile certificate issued by a competent authority.

SPONSORSHIP CERTIFICATE

(To be obtained on the official letter head of the sponsoring organization)

To

The Head,
Department of Pharmaceutical Sciences,
Kumaun University,
Bhimtal Campus, Bhimtal.

Subject: Sponsoring an employee for M. Pharm Programme

Dear Sir,

I/We hereby sponsor Shri/Smt./Km. _____

Son/Daughter of Shri _____,

resident of _____ who has

been working as an employee of our department/ institute/ organization, for admission to M. Pharm Programme in your Department.

We shall relieve Shri/Smt./Km. _____ of his/her

duties in the organization to enable him/her pursue the course with full devotion.

**Signature & Seal of the
Sponsoring Authority**



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Annexure II
Ph. 05942-248307
Fax: 05942-247030
Email:
kupharmacy@rediffmail.com
Website: kudops.org

Ref. No. DOPs//(M. Pharm)

Dated:

ACKNOWLEDGEMENT

Subject: Application form for Admission to M. Pharm programme

To,

Affix
Stamp
Worth
Rs. 5/-

Dear Candidate,

Your application for admission to this Department has been received and will be considered in due course. For future correspondence in this connection please quote the Ref. No. given above.

Yours faithfully,

**Head of the Department/
Coordinator admission committee**

From:
Department of Pharmaceutical Sciences
Bhimtal Campus
Kumaun University
Bhimtal- 263136