



**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"/> |
|------|--------------------------|-----------|--------------------------|

**Specialization in order of Preference**

|         |
|---------|
| 1. .... |
| 2. .... |
| 3. .... |
| 4. .... |

Affix  
Recent Passport size  
Colour Photograph

| 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 .....

(DD/MM/YY)

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 (10<sup>th</sup> 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**