

**(A CONSTITUENT UNIT OF MATA GUJRI UNIVERSITY, KISHANGANJ)**

**Phone :- 06456- 250488/9262699904, 9534477777**

**Email Id :-** [**mgmpharmacy2020@gmail.com**](mailto:mgmpharmacy2020@gmail.com)

**Website :- matagujriuniversity.com**

|  |  |
| --- | --- |
| **APPLICATION NO** |  |

* **BACHELOR OF PHARMACY**
* **DIPLOMA IN PHARMACY**

**APPLICATION FORM**

**Session :– 2020 - 2021**

Photo

**APPLICATION NO.**

**APPLICATION FORM**

**Course Applied for ...................................................................**

**Important information to be filled in Block Letters.**

**Name of the Candidate : ..........................................................................................................**

**Date of Birth : Gender : M F**

**Blood Group : ........................ Marital Status : .................................**

**Aadhar Number :.......................................................... Identification marks : ........................................**

**Mobile Number : .......................................................... E-mail Address: .................................................**

**Father’s Name : .................................................................... Mobile No. : ........................................................**

**Occupation of Father : ........................................................ E-Mail Address: ................................................**

**Mother’s Name : ................................................................... Mobile No. : ........................................................**

**Occupation of Mother : ...................................................... E-Mail Address: ................................................**

**Name & Address Local Guardian : .....................................................................................................................**

**...................................................................................................... Mobile No. : ........................................................**

**Annual Family Income : ........................................................................................................................................**

**Educational Qualification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Qualifying Examinations** | **Examining Board** | **Year of Passing** | **Total Marks** | **Marks Obtained** | **% of Marks** |
| **Matric or Equivalent** |  |  |  |  |  |
| **Intermediate or 10+2 Equivalent** |  |  |  |  |  |
| **Diploma in Pharmacy** |  |  |  |  |  |
| **Any other** |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject In Intermediate** | **Maximum Marks** | **Minimum Marks** | **Marks Obtained** | **% of Marks** |
| **Physics** |  |  |  |  |
| **Chemistry** |  |  |  |  |
| **Biology** |  |  |  |  |
| **Mathematics** |  |  |  |  |
| **English** |  |  |  |  |
| **Total Marks of any four subjects** |  |  |  |  |

**Permanent address of the Candidate : ...............................................................................................................**

**..........................................................................................................................................................................................**

**Correspondence address of the Candidate : ...................................................................................................**

**..........................................................................................................................................................................................**

**Nationality : ......................................................... State of Domicile : .........................................................**

**Religion : .............................................................. Category (SC/ST/OBC): ..............................................**

**Mother tongue : ................................................. Languages Known : ........................................................**

**Medical History :**

**a) Have you suffered from any serious illness in the past? If so what were you suffering from?**

**...........................................................................................................................................................................**

**b) Have you undergone any surgery? If yes, what is the nature of surgery?**

**...........................................................................................................................................................................**

**(Full Signature of Student)**

DECLARATION BY THE CANDIDATE

I wish to apply for admission to Mata Gujri College of Pharmacy, Kishanganj and declare that I have filled this form myself and to best of my knowledge and belief, the above particulars are true.

I have gone through the instructions for admission carefully and undertake to abide by all the conditions. I further agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be amended and framed by the administration of the College and Hostel. I undertake that so long as I am a student of the College and hostel. I will do nothing unworthy of a student of the college either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehaviour and continuous failures.

Place : .........................

Date : ........................... FULL SIGNATURE OF CANDIDATE

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that I have understood the financial obligation and I can afford to pay all the costs and undertake to pay the tuition and other fees payable to the institution under the rules framed by the Management of the College.

The statements made and information furnished in this application by my child is true to the best of my knowledge and belief.

Place : .........................

Date : ........................... SIGNATURE OF THE PARENTS / GUARDIAN

Reference :

CHECK LIST OF REQUIRED DOCUMENTS TO BE SUBMITTED WITH THE APPLICATON:

1. Secondary Exam, Marks Sheet
2. Secondary Board Certificate
3. Higher Secondary Marks Sheet
4. Higher Secondary Board Certificate or equivalent
5. S.L.C. / T.C./Migration
6. Character Certificate
7. Cast Certificate.
8. Rank Card of Exam.
9. Residential Certificate
10. Affidavit/ Notary.
11. Income certificate of Parents.
12. Photocopy of Aadhar Card
13. Photocopy of Bank Account Passbook (1st Page)
14. Recent Passport size colour Photograph.-12 Copy

Note : Originals of the above shall be submitted at the time of admission

without which the provisional admission is not complete.

Signature of Admission in-charge Principal