



MATA GUJRI COLLEGE OF PHARMACY

KISHANGANJ (BIHAR) PIN - 855107

**A Constituent Unit of
Mata Gujri University, Kishanganj**

Phone : 06456-250488 / 9262699904 / 9262696485

Email Id : mgmpharmacy2020@gmail.com

Website: www.mgcopharmacy.com

Application No.

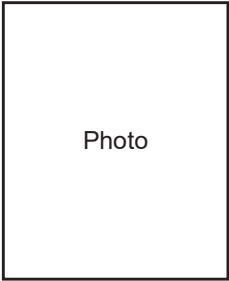
- ❖ **BACHELOR OF PHARMACY (B.PHARM)**
- ❖ **DIPLOMA IN PHARMACY (D.PHARM)**
- ❖ **BACHELOR OF PHARMACY (Lateral Entry)**
- ❖ **MASTER OF PHARMACY (M.PHARM)**

Application Form

Session: - 2026 - 2027

MATA GUJRI
COLLEGE OF PHARMACY
KISHANGANJ, BIHAR

APPLICATION NO.



APPLICATION FORM

Course Applied For: **D.PHARM** **B.PHARM** **B.PHARM LATERAL** **M.PHARM**

Important information to be filled in Block Letters.

Name of the Candidate :

Date of Birth (dd/mm/yyyy) : Gender : Male Female

Aadhar Number : Marital Status : Married Unmarried

APAAR/ABC ID :

Identification Marks :

Mobile Number : Blood Group :

Student E-mail Address :

Father's Name: Mobile No.:

Occupation of Father:

Mother's Name: Mobile No.:

Occupation of Mother:

Name & Address Local Guardian (if any) :

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Mobile No. : Relation :

Educational Qualification

Name of Qualifying Examinations	Examining Board	Year of Passing	Total Marks	Mark Obtained	% of Marks
Matric (10 th) or Equivalent					
Intermediate or 10+2 Equivalent					
Diploma in Pharmacy					
Bachelor of Pharmacy					

Subject in Intermediate	Maximum Marks	Minimum Marks	Marks Obtained	% of Marks
Physics				
Chemistry				
Biology <input type="checkbox"/> Mathematics <input type="checkbox"/>				
English				
Total Marks of four subjects				

Permanent address of the Candidate:

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Correspondence address of the Candidate:

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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?

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

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(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 confirm 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, misbehavior 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:

FULL SIGNATURE OF PARENTS / GUARDIAN

Reference:

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

1. Secondary (10th), Marks Sheet
2. Secondary (10th) Board Certificate
3. Higher Secondary (12th) Marks Sheet
4. Higher Secondary (12th) Board Certificate or equivalent
5. Photocopy of Aadhar Card
6. Mark Sheet and Certificate of D.Pharm with training completion certificate (For Lateral Entry).
7. MarkSheet and Certificate of B.Pharm (For M.Pharm)
8. S.L.C. / T.C. Certificate
9. Migration Certificate
10. Character Certificate
11. Recent Passport size colour Photograph.-03 Copy

Note: Originals of the above shall be submitted at the time of admission without which the provisional admission is not complete.

Admission in-charge

Principal