# Application for Admission

**to B. Pharm.(Practice) Programme of**

# Department of Pharmaceutical Sciences

# Session: 2021-2022

****

Paste Passport Size Photograph

DIBRUGARH UNIVERSITY

*[Read the Admission Notification carefully before filling up the form]*

1. Applicant's Name in Full (BLOCK CAPITALS):

|  |  |
| --- | --- |
|  |  |

Mr./ Miss. /Mrs. Name

1. Father's Name:
2. Mother's Name:
3. Father's/Guardian's (if father is deceased / Expired) Name, Occupation and Address :

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |  |  |
|  |  | PIN |  |

1. Address for correspondence:

PIN

Phone (R) (Mobile) e-mail

1. Date of Birth:

(According to the HSLC Certificate)

Day Month Year 7. Nationality:

|  |  |  |
| --- | --- | --- |
|  |  |  |

8. Sex: 9. Marital Status :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Married |  | Unmarried |  |

1. Blood Group:
2. Household Income :
3. PAN No.:
4. Are you a permanent resident of Assam? (If yes, submit PRC along with the form)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. Community :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GENERAL | OBC | MOBC | ST (P) | ST (H) | SC |

1. Religion:
2. Are you employed?

Yes No

Yes No

1. Are you on deputation?

(If yes, name of the School/College/Department/Organization:)

1. Name and Registration Number of the University/

Board/Institution where registered last :

1. Whether approved by Pharmacy Council of India :
2. Pharmacist Registration No.:
3. Poof of Practice :
4. Educational Qualification starting from H. S. L. C. or equivalent :

(Produce original copies of mark-sheets and certificates of all examinations along with a set of attached copies at the time of admission)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Examination Passed** | **Board/Council/University** | **Roll No.** | **Year of Passing** | **Division/Class** | **Percentage of Marks** | **Subjects Taken** |
| 10th standard |  |  |  |  |  |  |
| 10+2 |  |  |  |  |  |  |
| D. Pharm. |  |  |  |  |  |  |
| B. Sc |  |  |  |  |  |  |

1. Service Experience

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Organization** | **Organization Type** | **Position Held** | **Practice Type** | **Service Type** | **Registration No. (as per Assam Pharmacy Council)** | **Date of Joining** | **Date of Leaving** | **Length of Service** | **Pay Scale** |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |

1. Designation of appointing authority:
2. Designation of NOC issuing authority:
3. Academic distinction/medals/ prizes/scholarships, if any(submit certificate)
4. Any Extracurricular Activities

(Mention the activities and furnish testimonials)

Yes No

1. Are you differently abled (physically handicapped)?

(If yes, submit certificate from the competent authority at the time of admission)

1. Are you undergoing any course of study at present? If yes, give details.

UNDERTAKING

I declare that, if admitted, I shall abide by the Statutes, Ordinances, Rules, Regulations, Orders etc. of the Dibrugarh University that will be in force from time to time. I submit myself to the disciplinary jurisdiction of the Vice-chancellor and other authorities of the University who may be vested with such powers under the Act, Statutes, Ordinances, Orders and the Rules that have been framed thereunder by the University.

I also declare that the information given above are true and complete to the best of my knowledge and belief and if any of them is found to be incorrect, my admission shall be liable to be cancelled and I shall be liable to such other disciplinary action as may be decided upon by the University.

Date: Signature of the candidate