



# GURU GHASIDAS VISHWA VIDYALAYA, BILASPUR

[A Central University established under Central University - Act, 2009]

## APPLICATION FORM FOR M.PHARM. ADMISSION

2012-13

(For Office Use Only)

Date of Receipt:

Register No. / Receipt No.

(To be filled in by the candidate in his/her own handwriting)

**1. Details of Demand draft of Rs. 400/- (Rs. 200/- for SC and ST)\* enclosed**

DD No..... Date..... Amount.....

Bank Name ..... Issuing Branch ..... Payable at.....

**2. Category\* of the candidate (Tick the category)**

General:  SC:  ST:  OBC:  PH:

3. (i) Course applied for.

**(ii) Order of preference for specialization**

1 ..... 2.....

3..... 4.....

4. Name of the candidate. ....

(In block letters)

5. Father's Name: .....

6. Mother's Name: .....

7. Date of birth: Day..... Month..... Year.....

8. Nationality: ..... 9. State: .....

10. Sex: .....

11. Present address for Communication: .....

.....

City ..... District ..... State. . . . .

Pin ..... Tel. No. with STD Code /Mobile.....

E-mail: .....

12. Permanent address: . . . . .

.....

City ..... District ..... State. . . . .

Tel. No/Mobile. . . . .

Affix-self  
attested  
recent  
Passport size  
Photograph

\*SC (Schedule Cast); ST (Schedule Tribes); OBC (Other Backward Caste) and PH (Physically Handicapped)

Candidates must attach self attested copy of concerned Certificate in support wherever required

**13. Details of examinations passed / appeared by the candidate:**

Name of the examination	University/ Board	Year	Subject/ Specialization	Total Marks obtained/ Maximum marks	% of Marks	Remark
High School/ or equivalent (10th)						
I.Sc. or equivalent of (10+2) level						
B.PHARM						
GPAT SCORE						

\* The candidate should clearly & correctly mention the marks obtained at each level and attach the attested photocopies of marks sheets of 10th, 12th, B.Pharm and GPAT Score card.

**DECLARATION**

1. I declare that the information furnished by me in the application form is true to the best of my knowledge.
2. I declare that I fulfill the minimum eligibility required for admission to M.Pharm Course. In case any information furnished above by me is found wrong at any time, my candidature for admission to the course may be cancelled.
3. I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by any University / Institution for seeking admission or appearing in the test/ examinations.

**Signature of Guardian**

Name \_\_\_\_\_

**Date:****Signature of the candidate**

Name \_\_\_\_\_

**Place:**

**Note:** The duly filled application in all respect for admission to M. Pharm. Course should reach to the office of HOD, Institute of Pharmaceutical Sciences, Guru Ghasidas Vishwavidyalaya, Bilaspur-495 009 (CG) latest by 30<sup>th</sup> June, 2012.