MOTHER THERESA POST-GRADUATE & RESEARCH INSTITUTE OF HEALTH SCIENCES (MTPG & RIHS)

(Government of Puducherry Institution)

Indira Nagar, Gorimedu, Puducherry-605 006

Phone: 0413-2271200, 2275566, 2273008; Fax : 0413-2277594 **Website: http://mtihs.puducherry.gov.in**

APPLICATION FOR ADMISSION TO BACHELOR OF PHARMACY (LATERAL ENTRY) COURSE FOR 2016-17

(FOR OFFICE USE ONLY)

Registration No. : **BPL**

Merit Marks : **Merit Rank** :

Category of the Applicant & under which selected :

Date: DEAN

Note: Read carefully the Information Brochure before filling up the application form.

Affix self-attested recent passport size photograph

1. Name of the Candidate :

2. Father's Name :

3. (a) Date of Birth : Date Month Year

(b) Age as on 31.07.2016 : Years Months Days

(b) Nationality :

4. Gender (Pls tick [✓]) : Male / Female

5. Address for communication :

Pin Code

6. (a) Contact Telephone No. with S.T.D. Code. :

(b) Mobile Number (Essential) :

(c) E-Mail ID (Essential) : @

7. Please tick [✓] the category under which seeking admission : :

GEN	OBC	BCM	MBC	EBC	BT	SC	ST

8. Domicile Status / Residence of (Please tick [✓]) : **Puducherry U.T** **Other States / U.T**

9. Details of Registration with Council

(a) Council Name : .....

(b) Registration No. :

(c) Date of Registration :

10. Whether completed **500** hours of practical training at the time of applying for B. Pharm Course. (Please tick [✓]) : **Yes** / **No**

11. Details of Qualifying Examination (Diploma) :

Course	Name of the College	University / Board	Year of Passing	Year	Marks secured	Max. Marks
D.Pharm				**I**		
				II		
			TOTAL			

11. (a) Whether employed in State/ Central Govt. / Private (if yes, specify Name of the Hospital/ Institution) : .....

(b) If yes, whether Study Permission / NOC obtained (Enclose copy of the Order / Certificate) : .....

12. Details of Demand Draft towards application fee (in favour of "**The Dean, MTPG & RIHS**")

(a) DD No. : **Dt.**

(b) Amount : **₹.**

(c) Name of the Bank :

13. Any other relevant information : .....

DECLARATION BY THE APPLICANT

I hereby solemnly affirm that the statements made and information furnished in the application and all the enclosures submitted by me are true and no relevant fact is suppressed by me. I have read and understood the Information Brochure carefully. I shall abide by the rules and regulations of the Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry.

Place:

Date: **Signature of Applicant**

CHECK LIST

	Attach the self-attested copies of following certificates / documents with the application. (Tick [✓] the relevant boxes)		*To be filled by*		
			Applicant (candidate use)	(For Office use)	
				Scrutinizing Officer	Verifying Officer (counselling)
1.	Birth Certificate or any Certificate for proof of Date of Birth	:	☐	☐	☐
2.	Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated in 2016	:	☐	☐	☐
3.	Nationality Certificate	:	☐	☐	☐
4.	Caste / Community Certificate- Recently issued/ Re-validated in 2016	:	☐	☐	☐
5.	S.S.L.C. / Matriculation Mark Sheet	:	☐	☐	☐
6.	Higher Secondary (+2) Mark Sheet	:	☐	☐	☐
7.	Diploma / Provisional Certificate	:	☐	☐	☐
8.	D.Pharm Marks Sheets (I & II year)	:	☐	☐	☐
9.	Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied	:	☐	☐	☐
10.	500 Hours of Practical training certificate	:	☐	☐	☐
11.	Pharmacy Council Registration Certificate	:	☐	☐	☐
12.	Study Permission / NOC obtained for the competent Authority (if applicable)	:	☐	☐	☐
13.	Medical Fitness Certificate issued by Competent Authority	:	☐	☐	☐
14.	Crossed Demand Draft for ₹.1000/- (₹.800/- for SC/ST) towards Application Fee	:	☐	☐	☐
15.	Any other relevant certificates.....	:	☐	☐	☐

Signature of the :	*Applicant*	*Scrutinizing Officer*	*Verifying Officer during counselling*
Date:			

(FOR OFFICE USE ONLY)

Sl. No.	*Remarks of Scrutinizing Officer*	*Remarks of Verifying Officer during counselling*
1.		
2.		
3.		
4.		

Received back all the original certificates on _____.

Signature of the candidate.