



**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  
MASTER OF PHARMACY (M.PHARM) COURSE (2016-17)**

(FOR OFFICE USE ONLY)

Registration No. : MPH

Merit Marks :  Merit Rank :

50% of Marks obtained in B.Pharm :  50% of MTIET (PG)-16 marks :

Category of the Applicant :

Category under which selected & Specialization :

Date:

DEAN

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

1. Name of the Candidate :

2. Father's Name :

3. (a) Date of Birth : 

Date		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Nationality :

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

5. Address for communication :

Pin Code

Affix  
self-attested  
recent  
passport size  
photograph

6. (a) Contact Telephone No. : 

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- (b) Mobile Number (Essential) : 

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

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7. Please tick [✓] the category under which seeking admission [Enclose recent Residence/ Nativity & Community Certificate] : 

GEN	OBC	BCM	MBC	EBC	BT	SC	ST
8. Domicile Status / Residence of (Please tick [✓]) : 

<b>Puducherry UT</b>
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 / 

<b>Other States / UT</b>
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9. (a) Details of Qualifying Examination:

Course	Name of the College	University	Year of Passing	Marks Obtained (Semester/ Year)	Max. Marks	Overall %	
B.Pharm (or) B.Pharm (LE)				I			
				II			
				III			
				IV			
				V			
				VI			
				VII			
				VIII			
<b>TOTAL</b>							

- (b) Details of GPAT-2016 percentile / Score & Rank, if qualified : .....
10. (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) : .....
11. Details of Demand Draft towards application fee (in favour of **"The Dean, MTPG & RIHS"**)
- (a) DD No. : 

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 Dt. 

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- (b) Amount : ₹. 

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- (c) Name of the Bank : 

12. 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)**

				<i>To be filled by</i>		
				<b>(For Office use)</b>		
				Applicant	Scrutinizing Officer	Verifying Officer (counselling)
1.	Birth Certificate or any Certificate for proof of Date of Birth	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated for 2016	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Nationality Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Caste / Community Certificate- Recently issued/ Re-validated for 2016	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	S.S.L.C. / Matriculation Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Higher Secondary (+2) Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Degree / Provisional Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Statements of marks of qualifying examinations (All Semesters/years): _____ Nos.	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	GPAT-2016 Certificate (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Study Permission / NOC (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Crossed Demand Draft for ₹.1000/- (₹.800/- for SC/ST) towards Application Fee	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Any other relevant certificates.....	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Medical Fitness Certificate issued by Competent Authority	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<i>Applicant</i>	<i>Scrutinizing Officer</i>	<i>Verifying Officer during counselling</i>
<i>Signature of the :</i>			

(FOR OFFICE USE ONLY)

<i>Sl. No.</i>	<i>Remarks of Scrutinizing Officer</i>	<i>Remarks of Verifying Officer during counselling</i>
1.		
2.		
3.		
4.		

Received back all the original certificates on \_\_\_\_\_.

Signature of the candidate.



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## HALL TICKET – MTIET (PG)–16

### ENTRANCE TEST FOR NON-GPAT CANDIDATES– 2016-17

(For Admission to M.Pharm. Course)

Affix  
self-attested  
recent  
passport size  
photograph

<b>Registration No.</b>	
<b>Name of the Candidate</b>	
<b>Name of the Centre</b>	<b>Mother Theresa Post Graduate &amp; Research Institute of Health Sciences, Indira Nagar, Gorimedu, Puducherry-605 006</b>
<b>Date &amp; Time of Examination</b>	<b>31-07-2016 (Sunday) at 11:00 a.m. (Duration: 100 minutes)</b>
<b>Signature of the Candidate</b>	

Note : If the Candidate does not fulfill the eligibility criteria and does not produce the requisite certificates at the time of counselling, he/she shall forfeit the right of selection without any further correspondence though he/she might have appeared for the Entrance Examination.

(DR. R. MURALI)  
DEAN