



Merit Rank:

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

(Government of Puducherry Institution)  
Indira Nagar, Gorimedu, Puducherry-605 006

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## APPLICATION FOR ADMISSION TO B.PHARM (Lateral Entry) COURSE FOR 2017-18

(FOR OFFICE USE ONLY)

Registration No. :

Merit Marks :  Merit Rank :

Category of the Applicant & under which selected :  &

Date:

DEAN

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

1. Name of the Candidate :

2. Name of Parent /Guardian :

3. (a) Date of Birth :    -    -

(b) Nationality :

4. Gender (Pls tick [✓]) :

5. Address for communication :

Pin Code

6. (a) Contact Telephone No. with code :  -

(b) Mobile Number :  -

(c) E-Mail ID :  @

Affix recent passport size photograph & self-attest

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

<b>GEN</b>	<b>OBC</b>	<b>BCM</b>	<b>MBC</b>	<b>EBC</b>	<b>BT</b>	<b>SC</b>	<b>ST</b>

8. Domicile Status / Residence of (Please tick [✓]) : Puducherry UT / Other States / UT  
 [Enclose recent Nativity / Residence & Community Certificate]

9. Details of Council Registration:-

(a) Council Name : \_\_\_\_\_

(b) Registration No. : 

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(c) Date of Registration : 

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10. Details of Qualifying Examination-

Course	Name of the College / Institute	University / Board	Year of Passing	Year	Marks secured	Max. Marks	Overall %
Diploma in Pharmacy				<b>I</b>			
				<b>II</b>			
				<b>III</b>			
<b>TOTAL</b>							

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 for 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 : 

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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.

*To be filled by*

*(Tick [✓] the relevant boxes)*

	Applicant	<b>(For Office use)</b>	
		Scrutinizing Officer	Verifying Officer
1. Birth Certificate or any Certificate for proof of Date of Birth	:	<input type="checkbox"/>	<input type="checkbox"/>
2. Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated for 2017	:	<input type="checkbox"/>	<input type="checkbox"/>
3. Caste / Community Certificate- Recently issued/ Re-validated for 2017	:	<input type="checkbox"/>	<input type="checkbox"/>
4. S.S.L.C. / Matriculation Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>
5. Higher Secondary (+2) Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>
6. Diploma Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>
7. Statements of marks of qualifying examinations (All Semesters/years): _____ Nos.	:	<input type="checkbox"/>	<input type="checkbox"/>
8. Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied	:	<input type="checkbox"/>	<input type="checkbox"/>
9. Pharmacy Council Registration Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>
10. Study Permission / NOC obtained from the Competent Authority (if applicable)	:	<input type="checkbox"/>	<input type="checkbox"/>
11. Certificate issued by Competent Authority for claiming Special Category Reservation (applicable to Freedom Fighter, Physically Challenged, Ex-Servicemen & SP Categories)	:	<input type="checkbox"/>	<input type="checkbox"/>
12. Medical Fitness Certificate issued by the Competent Authority	:	<input type="checkbox"/>	<input type="checkbox"/>
13. Crossed Demand Draft for ₹.1200/- (₹.1000/- for SC/ST) towards Application Fee	:	<input type="checkbox"/>	<input type="checkbox"/>
14. Any other relevant certificates _____	:	<input type="checkbox"/>	<input type="checkbox"/>

<i>Signature of the</i>	<i>Applicant</i>	<i>Scrutinizing Officer</i>	<i>Verifying Officer</i>

**(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 applicant: