

# University Institute of Pharmaceutical Sciences & Research BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

## Common Admission Application Form for getting admission in B. Pharmacy, B. Pharmacy (Lateral Entry) and M. Pharmacy courses Session 2016-17

- Please read Prospectus carefully before filling this form:-
- Must be filled in BLOCK Letters only.
- Please tick ( ✓ ) the appropriate box.
- Admission Application Form completed in all respects along with requisite documents must reach **in the office of "Principal, University Institute of Pharmaceutical Sciences & Research, Sadiq Road, Faridkot"** by **24<sup>th</sup> June 2016 (for B.Pharmacy)** and **05<sup>th</sup> August 2016 (for M.Pharmacy)** along with the University Copy of Bank Challan Form (original).

**Please affix self  
attested passport sized  
photograph here**

**PLEASE NOTE:**

- University Copy of Bank Challan Form to be sent to the University in original. The Fee for candidates who fill downloaded application is Rs.2800/- for General category  
Rs.1800/- for SC category.
- The fee for candidates who fill off-line application by purchasing the Prospectus from the institute is Rs.2000/- for General category and Rs.1000/- for SC category.

1. Category Name

1.
2.
3.
4.

*Filled in BLOCK Letters only*

2. Name

3. Father's Name

4. Mother's Name

5. Date of Birth: 

D	D	M	M	Y	Y
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 Sex ( ✓ ) Male  Female

6. Correspondence Address \_\_\_\_\_  
 \_\_\_\_\_ Pin Code

7. Permanent Address \_\_\_\_\_  
 \_\_\_\_\_ Pin Code

Tel/Fax No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-Mail. \_\_\_\_\_

8. Annual Income of parents from all sources:

9. Belongs to ( ✓ ) Urban  Rural Area

10. Name of School/College & State from where passed Qualifying Exam i.e.10+2 / D.Pharmacy / B.Pharmacy:  
 \_\_\_\_\_  
 \_\_\_\_\_

11.

<b>For getting admission in B.Pharmacy course</b>	Maximum Marks	Marks Obtained	Percentage /Rank
Marks obtained in 10+2 (Physics, Chemistry as compulsory subjects along with Mathematics / Biology / Biotechnology)			
<b>For getting admission in B.Pharmacy (Lateral Entry) course</b>			
Marks obtained in D.Pharmacy Course			
<b>For getting admission in M. Pharmacy course</b>			
Marks obtained in B. Pharmacy			
Valid GPAT Score Card			

12. Residence Status ( ✓ ) Punjab State  Other State

13. Order of preference for getting admission in M. Pharmacy course

Pharmacognosy  Pharmacology

14. Detail of Fee Paid

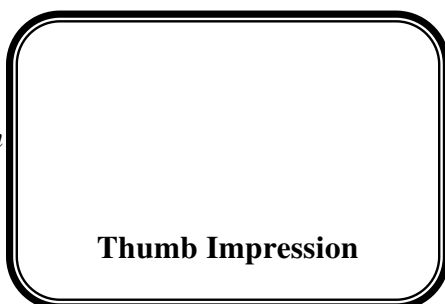
BANK TRANSACTION ID .....TRANSACTION DATE..... Amount (in words) ..... (Rs.2800.00 / Rs.1800.00 / Rs.2000.00 / Rs.1000.00 whatever is applicable as detailed above).
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15. **Undertaking and pledge by the candidate:-**

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge and belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and /or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.
- f) I undertake that if I have been found indulged in ragging in the past or in future, my admission may be refused or I shall be expelled from the institution.
- g) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.

→ **Male:** Left Thumb Impression

→ **Female:** Right Thumb Impression



( \_\_\_\_\_ )  
**Signature of the Candidate**

**Date** \_\_\_\_\_

**Undertaking by Parent/Guardian**

- (a) I certify that my son/daughter/ward Mr./Ms \_\_\_\_\_ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her requirements and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.
- (b) I certify that my son/daughter/ward Mr./Ms. \_\_\_\_\_ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

## **CHECK LIST**

**(Candidates will attach self attested copies of documents and submit Annexures-I, II, III & VI in original)**

<b>Sr.No.</b>	<b>Note: <u>Tick relevant box. Leave box empty if not applicable.</u></b>	<b>By Candidate</b>	<b>For Office use</b>
1	Matric or equivalent certificate for Date of Birth		
2	Detail Marks Card of 10+1 in case seeking admission in B.Pharmacy course.		
3	Qualifying Examination Detail Marks Card (10+2) for seeking admission in B.Pharmacy course		
4	Detail Marks Card / Final Result of D.Pharmacy for seeking admission in B.Pharmacy (Lateral Entry) course.		
5	Detail Marks Card of B. Pharmacy for seeking admission in M. Pharmacy course.		
6	GPAT Rank Score Card		
7	Character Certificate from Institution last attended		
8	Certificate in support of claim under reserved category.		
9	Original University Copy of Bank Challan Form confirming deposition of fee in the Bank A/c given by the University.		
10	<b>Annexure-I</b> - Certificate from the Principal / Head of the Institute last attended seeking admission in B.Pharmacy course		
11	<b>Annexure-II</b> - Undertaking from the Parent/Guardian to the effect that their ward has not availed any Residence benefit in any other state		
12	<b>Annexure-III</b> - Undertaking by candidate if there is a time gap in study after 10+2, D.Pharmacy or B.Pharmacy examination		
13	<b>Annexure-XV</b> - Medical Fitness Certificate		

Checked by (Sign) \_\_\_\_\_

Name ( \_\_\_\_\_ )