INSTITUTE OF PHARMACEUTICAL SCIENCES



Station Bazar, Jaleswar, Balasore-756032



FORM OF APPLICATION FOR ADMISSION INTO DIPLOMA IN PHARMACY COURSE - 2015-16

	Date of Selection Date of Admission		Affix your passport size photograph firm
To	e filled in by Candidate's own h	nand writing	
1. Name of the Candidate	(T. 11 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. Category Claimed	(In block letters, Underline the surr 3. Do you	belong to O.B.C./S.E.B.C.	
4. Date of Birth	D D M	M Y Y Y	Y
5. Nationality	6. Sex :	7. Marital Status :	
8. Mother tongue	9. Religion	10. Caste	
11. Permanent Home Addr	: Village/Town		
	P.O.:		
	P.S. :	Гahasil :	
	Dist. :	Pin :	
12. Present Address (For Correspondence)			
			• • • • • • • • • • • • • • • • • • • •
Contact Telephone/Mobile)		
13. Father's Name			
•	r is dead) :		
•	es :		
Address			• • • • • • • • • • • • • • • • • • • •
14. Name of the qualifying	mination passed:		
Name of the University	ouncil/Board:		
Year of Registration:.	Year of Passing:	No. of attempts : .	

15. Subject passed and marks secure	d at the qualifying examination:	
Subject	Full Marks	Mark secured
English		
M.I.L (
Physics		
Chemistry		
Mathematics Biology/Bioscience/Lifescience		
Total Mark of PCM/B		
(Whichever is higher)		
16. Document and Certificates enclosed	: (Strike out if not enclosed)	
Description of Documents		Enclosure No.
(i) Attested copy of H.S.C / equivalent examination as evidence of age.		Yes/No
(ii) Attested copy of the pass certificates of qualifying examination (+2 Science or equivalent examination)		Yes/No
(iii) Attested copy of mark list qualifying	Yes/No	
(iv) Attested copy of conduct certificate	•	
the principal of the institution last studied / Gazetted Officer.		Yes/No
(v) Attested copy of certificate in supp (S.C./S.T./P.H./G.C./D.F./N.R.I.)	Yes/No	
(vi) Attested copy of nativity / resident ship / service certificate		Yes/No
(vii) One attested copy of the recent pass (to be affixed in the space provided in the a	Yes/No	
against me. 18. I declare that I will submit all requimy admission in this session nor de I certify that I do not suffer from me.	mand against admission fees.	
I certify that I have not been prose moral turpitude.	ecuted or convicted for any crimi	inal offence involving
		ure of the Applicant
19.Undertaking by Father / Guardian of	candidate	
I, Sri	(Guardian) son/wife of Sri	,
of (address)	do hereby undertak	e to pay the required fees for
admission		
of my son/daughter/spouse/ward admission and I shall abide by the to the college regarding payment of feet	erms and conditions imposed by the	ne Government/Management of
•	Full signature	of the Parent/Guardian
	Place	date