

Regd. No.

**VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR WOMEN**

Application form for Admissions into M. Pharmacy / Pharm  
D (PB) Program (Academic Year 20 - 20 )

Specialization: .....

1. NAME (in block letters) : .....
2. Father & Mother Name : .....
3. Permanent Address : .....  
.....
4. Address for correspondence: .....  
(with PIN code) .....  
.....

**Affix recent  
Photograph**

Email ID : .....

Telephone : ..... Mobile: .....

5. Reservation: If you are claiming reservation under any category, in the appropriate block and enclose attested copy of integrated Caste Certificate in support of your claim.

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	PH	Otters

6. Date of Birth:

Date	Month	Year

7. (a) Nationality & Religion :
- (b) Place of Birth :

8. Particulars of Parent / Guardian :  
(Guardian, only if Parent is not alive) :
  - i) Name :
  - ii) Relationship with the candidate :
  - iii) Profession & Designation :
  - iv) Mailing Address :
  - v) Contact Number :

Signature of the Parent/Guardian

9. Particulars of qualifying Examination (Enclose Xerox copies of Provisional Certificates / Marks Memos)

Examination	Name of the college	Name of the University	Month & Year of Passing	Percentage / Rank
B. Pharm				
GPAT	-	-		
PGECET	-	-		

Pharmacist Registration number:

10. Particulars of Employment (s) since passing the qualifying examination

(Enclose service certificate as a proof)

Name of the Post	Employer's name and address	Scale of Pay / Salary drawn	Period	
			from	to

11. Aadhar details:

- i) Student Aadhar Number : .....
- ii) Father Aadhar Number : .....
- iii) Mother Aadhar Number : .....

12. Ration Card Number

### **DECLARATION BY THE APPLICANT**

I declare that the information furnished in the application is true to the best of my knowledge. I accept that if any statement made in this application is found incorrect on scrutiny, the application will be liable for rejection of admission, if granted, on the basis of such incorrect information.

I declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulation.

Date:

Signature of the Candidate

Note: 1. Incomplete applications will be summarily rejected.

No Correspondence in this regard will be entertained.

2. Fee once paid will not be refunded under any circumstances.

3. University will not be responsible for any postal delay/loss in transit.