

IMPORTANT INSTRUCTIONS:

FOR ADMISSION to B. Pharmacy and B. Pharmacy (Lateral Entry) courses

1. All necessary information regarding allocation of merit and seeking admission to B. Pharmacy and B. Pharmacy (Lateral Entry) course in the University Institute of Pharmaceutical Sciences & Research (a constituent institute of Baba Farid University of Health Sciences, Faridkot) and all applicable rules and regulations, etc. have been written in this booklet called PROSPECTUS. This prospectus is subject to alteration(s), addition(s) or deletion(s), if any, without prior notice. For updates please refer to University/Institute websites: www.bfuhs.ac.in, www.uipsr.ac.in from time to time.
2. Before applying, candidate should carefully read PROSPECTUS for eligibility conditions and other important instructions.
3. Before applying, candidate will have to deposit requisite application fee in the Institute's Bank Account through any branch of **Oriental Bank of Commerce by using specified bank challan form**, which is available at the University/Institute websites: www.bfuhs.ac.in, www.uipsr.ac.in and in this prospectus. After depositing requisite fee in the bank account of the Institute, a unique Transaction ID will be issued by the concerned bank, which is required to be entered in the application form. Fee shall not be accepted in any other mode.
4. Merely deposition of application fee will not entitle the candidate for admission. The duly filled in application form along with the required documents should be submitted to the Institute by the stipulated date and time, failing which no claim of the candidate will be considered. Fee once deposited will not be refunded / adjusted in any case.
5. After depositing application fee, the candidate must fill admission application form which is available on the Institute website <http://uipsr.ac.in>, www.bfuhs.ac.in by clicking at the link "**Admission to B. Pharmacy and B. Pharmacy (Lateral Entry)**" and in the Prospectus itself.
6. The last date for applying and deposition of application fee in the Institute Bank Account is **11th July (Wednesday), 2018** for B. Pharmacy.
7. Application Forms received after **11th July (Wednesday), 2018 by 4.00 p.m.** for B. Pharmacy in the office of the University Institute of Pharmaceutical Sciences & Research, BFUHS, Faridkot for any reason including postal delays shall not be considered. The Institute will not be responsible for any delay or loss in transit caused by Postal Dept. /Courier Services etc.
8. Candidate should get printout (2 copies) of the common admission application form from the University/Institute websites: www.bfuhs.ac.in, www.uipsr.ac.in which is also available in the prospectus. One printout of the filled in admission application form should be sent by post or by hand to "**The Principal, University Institute of Pharmaceutical Sciences & Research, Sadiq Road, Faridkot-151 203 (Punjab)**" after completing other formalities (Affixing recent self-attested photograph, putting thumb impression and signatures at appropriate spaces), along with self attested copies of following documents:-
 - i) Matriculation, 10+1, 10+2 detailed marks cards for admission in B. Pharmacy course.
 - ii) Matriculation, DMCs and Diploma Certificate of D.Pharmacy for admission in B. Pharmacy (Lateral Entry) course.also send along with Bank Challan Form (**Institute Copy**) after depositing application fee in the Institute's Bank Account along with other relevant documents, if any, and retain Candidate's Copy of the challan with him/her.
9. Personal appearance of candidate is essential at the time of counselling. He / she will produce all documents / testimonials in original for verification by the Admission Committee, failing which, he/she will not be considered for counselling.
10. Candidates are advised to visit www.bfuhs.ac.in, www.uipsr.ac.in websites regularly for updates.
11. Candidates will be responsible for any mistake made by him/her in his/her application form. Institute shall not be held responsible for the mistake on the part of the candidate.

12. The Admission Application Form shall be rejected if:
 - a) The entries are incomplete,
 - b) The required enclosures are not self attested.
 - c) The institute copy of bank challan form is not sent along with the Admission Application Form.
13. The eligibility for admission of the candidates shall be determined by the Admission Committee at the time of counselling.
14. Full fee of 1st semester/3rd semester (in case of lateral entry) will be paid on the date of counselling.

1. INTRODUCTION

BRIEF HISTORY:

The Baba Farid University of Health Sciences (BFUHS) was established at Faridkot under an Act of Punjab State Legislature (Punjab Act No. 18 of 1998) in the name of great Sufi Saint Sheikh Farid Ganj-E-Shakar, (1173-1265 A.D.) in 1998 for purposes of affiliating, teaching and ensuring proper and systematic instructions, training and research in modern system of Medicine and Indian System of Medicine. It is not only affiliating and examining body but also a teaching and research centre in the field of health sciences. It is expected to play a vital role in improving the standards of medical and health education in the state and in conducting relevant research in all aspects of health sciences including basic as well as applied sciences, which ultimately will satisfy the health standards of the people of Punjab. It is believed that the university will be a trend setter in developing appropriate modes and models of health care to ensure quality health care to the people.

The UGC has included BFUHS in the list of recognized universities maintained by the University Grants Commission, under section 2(f) of the UGC Act, 1956 vide letter no. F.9-3/97 (CPP-I) dated 4 July, 2002 and 12 (B) of the UGC Act, 1956 vide Letter No. 9-3/97(CPP/I) dated 11.4.2011. The Regional Director, World Health Organization, Regional Office for South-East Asia, World Health House, and New Delhi has also forwarded the name of the University for inclusion in the World Directory of Medical Schools vide letter no. M12/6212 dated 6 May, 2002. The university has also been included in the list of Commonwealth Universities and their yearbook 2001 at page no. 692 (Vol. 1).

Established with a mission to create an intellectual, academic and physical environment conducive to free flow of ideas and exchange of information among the various faculties of this university and other universities of health sciences in the country and abroad, thereby opening a window to the world for the health professionals, health planners, health managers, biomedical as well as social scientists and academicians in health sciences of the country. Efforts are made to establish contact with various institutions towards achieving this goal. The university is now primarily focusing on strengthening graduates and postgraduates in the field of Medical, Paramedical Education and Research.

UNIVERSITY'S PRESENT STATUS:

The university campus comprises of Senate Block and Academic, GGS Medical College along with an Auditorium having 800 seating capacity, Drug De-addiction Centre, Telemedicine Centre, Edusat Centre and a well equipped state-of-the-art 500 bedded hospital including Department of Radiotherapy and Nuclear Medicine, University College of Physiotherapy, University College of Nursing, **University Institute of Pharmaceutical Sciences & Research**, Central Library, University Center of Excellence in Research and Urban Health Center. The University has developed its own Rose Garden and Herbal Garden with rare herbs.

The university has also started a number of employment-oriented diploma courses and certificate programs in health sciences and allied services.

UNIVERSITY'S NEWLY ESTABLISHED PROJECTS:

- 1) Advanced Cancer Institute, Bathinda.
- 2) University Regional Centre for Public Health and Paramedical Sciences at Goindwal Sahib.
- 3) The University has planned to run a number of employment-oriented diploma courses and certificate programmes in health sciences.
- 4) Super Specialty Block in GGS Medical Hospital, Faridkot
- 5) Mother & Child Care Block in GGS Medical College, Faridkot
- 6) University Institute of Paramedical Sciences, Faridkot

The University is also in a process of developing the following five study centres:

1. Centre for Distance Learning (Medical) and Educational Technology.
2. Centre for Health Systems and Health Services Management.

3. Centre for Bio-information Technology.
4. Centre for Human Resources Development and Health Management.
5. Centre for Population Sciences.

UNIVERSITY'S CONSTITUENT COLLEGES:

1. University Institute of Pharmaceutical Sciences and Research, Faridkot
2. Guru Gobind Singh Medical College, Faridkot
3. University College of Nursing, Faridkot
4. University College of Physiotherapy, Faridkot
5. University Institute of Para-Medical Sciences, Faridkot
6. State Institute of Nursing and Para-Medical Sciences, Village – Badal (Muktsar)
7. Institute of Nursing, University Regional Centre, Shri Goindwal Sahib
8. University Institute of Nursing, Jalalabad, Distt. Fazilka attached with 100 bedded Hospital.

UNIVERSITY'S EXAMINATION SYSTEM:

To maintain sanctity, efficiency, reliability in high stakes examination and their certifications, the university is conducting Onscreen Marking Solution and e-transfer system of question papers.

DEFINITIONS:

- i) "D.Pharmacy" means Diploma in Pharmacy.
- ii) "B. Pharmacy" means Bachelor of Pharmacy.
- iii) "BFUHS" means Baba Farid University of Health Science, Faridkot.
- iv) "Council" means the national statutory council regulating a particular discipline i.e. All India Council for Technical Education and Pharmacy Council of India.
- v) "Eligible Candidate" means a candidate who satisfies the requirements of eligibility as per provisions of this prospectus, as per AICTE, PCI norms and the criteria of Baba Farid University of Health Sciences, Faridkot.
- vi) "University" means Baba Farid University of Health Sciences, Sadiq Road, Faridkot.
- vii) "Lateral Entry" means those who have completed Diploma in Pharmacy course, shall be directly admitted in second year B. Pharmacy course.
- viii) "UIPSR" means University Institute of Pharmaceutical Sciences & Research.

2. COURSES, DURATION AND ELIGIBILITY CONDITIONS

A. i) COURSE - B.PHARMACY

- ii) **DURATION** - The duration of the course shall be four academic years (eight semesters) full time having hundred working days for each semester.
- iii) **MINIMUM QUALIFICATION FOR ADMISSION TO FIRST YEAR B.PHARMACY – A** candidate must have passed in any of the following examinations: –
 - a) 10+2 examination conducted by the respective state / central government authorities recognized as equivalent to 10+2 examination by the University Association of India (AIU) with English as one of the subject and Physics, Chemistry, Mathematics / Biology / Biotechnology as optional subject individually. Obtained at least 45 % marks (40 % in case of candidates belonging to reserved category) in the above subjects taken together.
 - b) Any other qualification as approved by the Pharmacy Council of India as equivalent to any of the above examination.

Provided that a student should complete the age of 17 years on or before 31st December of the year of admission to the course.

B. i) COURSE – B.PHARMACY (LATERAL ENTRY) second year / third semester.

- ii) **DURATION** - The duration of the course shall be three academic years (six semesters) full time having hundred working days for each semester.
- iii) **MINIMUM QUALIFICATION FOR ADMISSION TO SECOND YEAR B.PHARMACY LATERAL ENTRY** –Passed D.Pharmacy course from an institution approved by the Pharmacy

Council of India under Section 12 of the Pharmacy Act with at least 45% marks (40% in case of candidates belonging to reserved category)

NOTE: The conditions as referred to above are subject to change, if any notified by the Pharmacy Council of India on or before the conduct of counselling of B. Pharmacy and B. Pharmacy (Lateral Entry) courses.

3. NUMBER OF SEATS

B. Pharmacy	40 seats
B. Pharmacy (Lateral Entry)	03 seats i.e. 10% seats of the Approved Intake which are over and above, supernumerary to the "Approved Intake" plus the unfilled seats of 1 st Year as per Clause 5.9, Sub-Clause c. of AICTE's Approval Process Handbook 2018-19, which are 9 in numbers. Total seats of B. Pharmacy (Lateral Entry): 12

NOTE: Seats may be increased or decreased according to directions issued by the AICTE, PCI and BFUHS.

RESERVATION

The reservation will be made as per Reservation Policy of Govt. of Punjab, for which purpose, the institute has maintained 100 point roster. For the current Admission Session 2018-19, the distribution of seats is as under: -

B. Pharmacy		B. Pharmacy (Lateral Entry)	
Open	= 21	General category	= 06
SC category	= 10	SC category	= 03
OBC category	= 04	OBC	= 01
Physically /	= 02	Physically /	= 01
Orthopedically		Orthopedically	
Handicapped		Handicapped	
Border Area	= 01	Riot/Terrorist affected	= 01
Sikh Riot Affected	= 01		
Freedom Fighter	= 01		
TOTAL	= 40	TOTAL	= 12

NOTE: The reserved category candidate(s) is / are required to send along with his / her application form, the self-attested photocopy of valid Reserved Category certificate issued by the competent authority only, the original of which shall be produced before the Admission Committee for verification purposes and if such certificate(s) is / are not found in order then the candidate will not be considered under the respective reserved category applied by him / her.

4. ADMISSION COMMITTEE:

The following committee is constituted for conducting the counselling and finalizing the admissions:

- | | |
|---|------------|
| 1. Registrar, BFUHS | - Chairman |
| 2. Principal, UIPSR, BFUHS | - Member |
| 3. Two faculty/teaching staff from UIPSR, BFUHS | - Members |
| 4. District Welfare Officer, Punjab | - Member |

5. COUNSELLING PROCEDURE AND SCHEDULE

B. PHARMACY COURSE:

Counselling for admission in B. Pharmacy course for all categories will be held on **16th July 2018 at 10.00 a.m.** and the candidates selected on merit **shall have to deposit fee of 1st Semester by 4.00 p.m.** on the day of counselling itself. At the end of the counselling waiting list of candidates seeking admission in B. Pharmacy and B. Pharmacy Lateral Entry courses will be prepared by the Admission Committee and displayed on the University / Institute websites: www.bfuhs.ac.in, www.uipsr.ac.in and the notice board of

the institute. The Principal, UIPSR, BFUHS will move the waiting list if any seat / seats drop vacant by the candidates selected on merit during the counselling and / or vacate his/her seat before the cut-off date as fixed by the Institute / University.

B.PHARMACY LATERAL ENTRY COURSE:

The same procedure for B. Pharmacy Lateral Entry will be followed as adopted for B. Pharmacy course.

6. LIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE ADMISSION APPLICATION FORM

i) University Copy of Bank Challan Form to be sent to the University Institute of Pharmaceutical Sciences & Research, in original. **The application fee is Rs.2000/- for General Category and Rs 1000/- for SC Category. In the event candidate downloads the Prospectus, Admission Application Form and Challan Form from the University /Institute websites: www.bfuhs.ac.in www.uipsr.ac.in He/she has to pay Rs.2800/- in case of General category candidate and Rs.1800/- for SC category candidate.**

ii) Self-attested photocopies of following documents are required for admission in-

B. Pharmacy and B. Pharmacy (Lateral Entry)

- a. Matric or equivalent certificate for the purpose of date of birth.
- b. Detail Marks Card of 10+1 and 10+2 (or equivalent) in case of seeking admission in B. Pharmacy course.
- c. Character certificate from Institution last attended.
- d. Detailed marks cards of 1st Year and 2nd Year of D. Pharmacy course in case of seeking admission in B. Pharmacy (Lateral Entry) course.
- e. Certificate in support of claim under reserved category.
- f. Undertaking for not availed any residence benefit in any other state **(to be submitted in original - Annexure-II).**
- g. Undertaking by the candidate in case of gap during studies **(to be submitted in original - Annexure-III).**
- h. Medical Fitness Certificate **(to be submitted in original - Annexure-XV)**

7. MEDICAL EXAMINATION:

Selected physically handicapped candidate (if a seat reserved as per reservation policy of Govt. of Punjab) will have to appear before the Medical Board for assessment whether he/she is fit to carry out the studies despite being handicapped. The decision of the Medical Board of Guru Gobind Singh Medical College & Hospital, Faridkot, will stand final.

8. FEE STRUCTURE:

The selected candidates at the time of counselling(s) will report to the University Institute of Pharmaceutical Sciences & Research for admission and shall deposit 1st Semester Fee/3rd Semester Fee (Lateral Entry).

Details of fee for admission in B. Pharmacy and B. Pharmacy (Lateral Entry) courses is as under for the Session 2018-19: -

1. B. Pharmacy and B. Pharmacy (Lateral Entry)

Sr. No.	Fee Head	1 st Semester B. Pharm and 3 rd Sem. B. Pharm (Lateral Entry)	2 nd , 3 rd , 4 th , 5 th , 6 th , 7 th and 8 th Semesters (per Semester fee)
1	Tuition Fee	Rs.14,250/-	Rs.14,250/-
2	Registration Fee	Rs.2,000/-	Nil
3	Student Fund	Rs.3,750/-	Rs.3,750/-
4	Medical Fund	Rs.1,250/-	Rs.1,250/-
5.	Security	Rs.2,500/-	Nil
6.	Dilapidated Fund	Rs.3,500	Rs.3,500/-
	Total:	Rs.27,250/-	Rs.22,750/-

Note 1 The fee will be payable on semester basis in advance.

Note 2 The candidates of B. Pharmacy Lateral Entry shall also have to pay Registration and Security Fee at the time of admission.

Note 3 Successful candidates shall have to deposit the fee **through Bank Challan (to be provided by the Institute at the time of counselling)** which is mandatory to be deposited at the time of counselling itself.

Note 4 The fee deposited shall not be refundable in any case after the cut-off date of admission.

Note 5 The fee structure is subject to change as per directions of BFUHS. Each and every student has to give an undertaking to the effect that he/she will deposit the enhanced fee as per revised rates fixed by Baba Farid University of Health Sciences, Faridkot from time to time.

NOTE: POST-MATRIC SCHOLARSHIP SCHEME FOR SCHEDULED CASTE AND OBC STUDENTS; SCHOLARSHIP SCHEME FOR MINORITY STUDENTS AND OTHER SCHOLARSHIP SCHEMES INTRODUCED BY THE STATE / CENTRAL GOVT. WILL BE AS PER GOVT. RULES AND REGULATIONS.

9. GRIEVANCE REDRESSAL COMMITTEE

MEMBERS OF COMMITTEE

- | | | |
|----|---|---------------------|
| 1. | Dean College Development, BFUHS | - Ex-officio Member |
| 2. | Principal, UIPSR, BFUHS | - Ex-officio Member |
| 3. | Head, University Library (BFUHS) | - Ex-officio Member |
| 4. | All Teaching Faculty of UIPSR
(Regular / Contract) | - Ex-officio Member |
| 5. | Law Officer, BFUHS | - Ex-officio Member |

CURBING THE MENACE OF RAGGING

Ragging is totally prohibited in the Institute and anyone found guilty of ragging and/or abetting ragging, whether actively or passively, or being a part of a conspiracy to promote ragging, is liable to be punished in accordance with the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 as well as under the penal law for the time being in force.

What Constitutes Ragging: Ragging constitutes one or more of any of the following acts:

(a) Any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student;

(b) Indulging in rowdy or undisciplined activities by any student or students which causes or is likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other student;

(c) Asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;

(d) Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;

(e) Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students;

(f) Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students;

(g) Any act of physical abuse including all variants of it : sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person;

(h) Any act or abuse by spoken words, e-mails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student;

- (i) Any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.

All the senior students are advised to guide and treat junior students affectionately. Junior students may contact their Principal or other University functionaries like Dean Students Welfare, Chief Warden, Wardens or Chief Security Officer for help and guidance.

10. ANTI RAGGING COMMITTEE

As per regulations issued by UGC vide No. F1-16/2007(CPP-II) dated 17.6.2009 University Institute of Pharmaceutical Sciences & Research, BFUHS, Faridkot has an Anti-Ragging Committee comprising of the following members: -

1. Principal, UIPSR, BFUHS
2. All Faculty Members, UIPSR, BFUHS
3. Non-teaching Staff of UIPSR (Regular/Contract)
4. Tehsildar, Faridkot (Representative of Civil Administration)
5. Senior House Officer, City Kotwali, Faridkot (Representative of Police Administration)
6. Senior Journalist, Faridkot (Representative of Local Media)
7. Class Representative B. Pharmacy 1st Year
8. Class Representative B. Pharmacy 2nd Year
9. Class Representative B. Pharmacy 3rd Year
10. Class Representative B. Pharmacy 4th Year

11. ANTI RAGGING SQUAD

As per regulations issued by the University Grants Commission vide No. F1-16/2007(CPP-II) dated 17.6.2009, Clause 6.3 (c), University Institute of Pharmaceutical Sciences & Research, BFUHS, Faridkot has an Anti Ragging Squad comprising of the following members: -

1. Dr. Vijender Kumar, Assistant Prof., UIPSR
2. Security Officer, BFUHS
3. Security Supervisor (on duty), BFUHS
4. Security Guards (on duty), BFUHS

12. GENERAL CONDITIONS

- (a) The students shall pay the fees and other charges, for all types of seats, as per the rates of fees and other charges fixed by the university from time to time.
- (b) The exact seats available in various categories for admission in B. Pharmacy and B. Pharmacy (Lateral Entry) courses shall be displayed on the notice board at the time of counselling.
- (c) Waiting list of all successful candidates will be prepared by the Chairman, Admission Committee / Principal of the Institute and the details of vacant seats shall be displayed on the notice board. The Principal will operate waiting list on merit by calling candidates on a day fixed by him.
- (d) Number of seats may be increased or decreased by the University and final category wise seats will be calculated and displayed at the time of counselling.
- (e) If seats remain vacant after exhausting candidates belonging to Punjab State, shall be given to candidates belonging to other states.

Academic Exemption Certificates

(Compulsory for all candidates seeking admission for B. Pharmacy)

CERTIFICATE FROM THE PRINCIPAL/HEAD OF THE INSTITUTION LAST ATTENDED

I certify that Mr./Miss _____ S/o D/o
Sh. _____ has passed 10+1 and 10+2 as regular candidate in
_____ is a recognized
(School Name)
school situated in _____(State)

Details are as under: -

(i) Attested photocopies of 10+1 and 10+2 certificates are attached herewith for consideration.

(ii) Permanent residential address of candidate as recorded in school record is -

Signature of the Headmaster/Principal
of Institution Last attended
(with official seal)

Date _____

Place _____

UNDERTAKING FROM THE PARENT/GUARDIAN

I..... father / mother / guardian of Miss /

Mr..... resident of

.....

(full address to be given)

do, hereby, solemnly state and affirm as under:

1. That I am a citizen of India.
2. That the child / ward of deponent has not obtained the benefit of Residence in any other state for admission in B. Pharmacy or B. Pharmacy (Lateral Entry).

Dated:

DEPONENT

Verification:

Verified that the contents of my above undertaking are true and correct to the best of my knowledge and belief and nothing has been concealed there from.

Dated:

DEPONENT

***Compulsory for all candidates**

Self Undertaking for Gap in Study

I _____ S/o, D/o Shri _____ resident of _____

(full address to be given)

do hereby solemnly state and affirm as under:-

1. That I have passed 10+2 examination held in _____ from _____
(name of the college/school)
2. That I have not joined any college/institution after passing 10+2

OR

That I have joined the course of _____ at _____ (name of the institution) from _____ and will leave the same before joining the B. Pharmacy / B. Pharmacy (Lateral Entry) (Tick whichever applicable).

Candidate is required to affix his/her self attested photograph

Dated : _____

Candidate's Signature

CERTIFICATE OF SCHEDULED CASTE

**As per letter No.1/41/96-RCI/110001-17, dated 5.12.1996 of
Govt. of Punjab, Department of Welfare (Reservation Cell)**

It is certified that Shri/Shrimati/Kumari_____ son/daughter of Sh.
_____ of village/town _____ District/Division _____ state
of Punjab belongs to _____ caste which has been recognised as Scheduled caste as per “The Constitution
(Scheduled Castes) Order, 1950”

2. Shri/Shrimati/Kumari_____ and his/ her family lives in
village/town_____ District/ Division _____ of Punjab State

Date _____

Signature

Place _____

Designation

Seal of office

Competent authority to issue Caste Certificate

- I. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/First Class Stipendiary Magistrate/ City Magistrate/Sub Divisional Magistrate /Talika Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (Not below the rank of first class Stipendiary Magistrate).
- II. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- III. Revenue Officer not below the rank of Tehsildar.
- IV. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
- V. Administrator/Secretary to Administrator/Development Officer Lakshadweep Islands. (circulated vide no.2/223/79-SWI/4337, dated 8.6.90)

OR

The certificate for this purpose issued by any other competent authority declared by Government of Punjab in any other prescribed proforma.

**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO
OTHER BACKWARD CLASS IN SUPPORT OF HIS / HER CLAIM**

**As per letter No.1/41/96-RCI/110001-17, dated 5.12.1996 and No.1/41/93-RC1/1597, dated
17.8.2005 and No.1/41/93-RC1/209, dated 24.2.2009 and No. 1/41/93-RCI/609 dated 24.10.2013 of Govt. of
Punjab, Department of Welfare (Reservation Cell)**

This is to certify that Shri/Shrimati/ Kumari_____ son/daughter
of_____village/town_____in district/division _____ of the state of
Punjab belongs to _____ caste which is recognised as a Backward Class in terms of Punjab Govt. letter
No._____ dated _____.

2. This is also certified that he/she does not belong to any category of persons/sections mentioned in column 3
of the schedule to Punjab Government, Department of Welfare letter No.1/41/93-RC1/459, dated 17.1.1994 and
No.1/41/93-RC1/1597, dated 17.8.2005 and No.1/41/93-RC1/209, dated 24.2.2009 and No. 1/41/93-RCI/609 dated
24.10.2013 for BC.

3. Shri/Shrimati/Kumari_____ and/or/his/her family ordinarily reside(s) in
village/town_____ of District/ Division _____ of the state of Punjab.

4. The annual income of the family from all sources is Rs. _____.

Place:_____

Signature _____

State:_____

Designation_____

Date:_____

(with office seal of the officer concerned)

Competent authority to issue Backward Class Certificate:

i) Sub-Divisional Magistrate

ii) Executive Magistrate

iii) Tehsildar

iv) Naib Tehsildar

v) Block Officer

vi) District Revenue Officer

(circulated vide No.2/223/79-SWI/4337, dated 8.6.1990)

* The certificate must not be dated one year before the first day of counselling for admission. A certificate
issued more than one year before the counselling date shall not be valid.

HANDICAPPED CATEGORY CERTIFICATE

Certified that the following candidate appeared before the Medical Board on_____. All the three members of the Medical Board examined the candidate carefully and have decided to certify as follows:

1. Name of the candidate -----
2. Father's name -----
3. Permanent Address of the candidate -----
4. Name of the disease causing handicap -----
5. % (Percentage) of handicap -----
6. Whether the disease is progressive or non
progressive -----
7. Whether the candidate is otherwise fit to -----
carry on studies and will be able to perform -----
his/her routine duties related to studies. -----

Member**Member****Chairman**

Eligibility: The eligibility of the handicapped category candidate will be determined by the Medical Board before counselling as per Punjab Govt. Notification/s on a date and time to be specified on the **institute website: www.uipsr.ac.in**. **The seats shall be filled-up from amongst the handicapped candidates with locomotor disability of lower limbs between 50 to 70%. Provided that in case any seat in this quota remains unfilled on account of non-availability of candidates with locomotor disability of lower limbs between 50% to 70% then any such unfilled seat shall be filled up from amongst the handicapped candidates with locomotor disability of lower limbs between 40 to 50%. Following categories of handicapped will not be eligible for admission: -**

- i Handicapped by hand /hands
- ii Handicapped by eye sight
- iii Deafness
- iv Handicapped of legs more than 70%

CERTIFICATE OF HAILING FROM BORDER AREA

Dispatch No. _____

Date _____

i) I certify that _____ son / daughter of Shri _____ of village _____ District _____ is a bona-fide resident of village _____ District _____. The village / town falls within the belt of 10 miles from the international border.

It is further certified that _____ has studied for at least 5 years in a recognized institution located in such village / town as per dates of joining and leaving school / college given below: -

- (1) _____
 (2) _____
 (3) _____
 (4) _____

*DC / GA to DC / SDM of the concerned Distt.
 (with Official Seal)

*Certificate from no other authority will be accepted.

ii) Certified that _____ son / daughter of Shri _____ of village _____ District _____ was a bona-fide student of the School / College from _____ to _____ (exact date of joining and leaving the school / college to be given) (Nursery / LKG / UKG etc. not included).

Place _____

Date _____

Signature of Headmaster / Principal of the
 School / College (with seal)

NOTE: A candidate shall be eligible for admission under Border Area of category above only if he / she hails from a town / village within the belt of ten miles from the international border and he / she has studied for at least five years in a recognized institution located in such town / village (Nursery / LKG / UKG etc. not included). Two certificates to this effect should be obtained, one from DC / GA to DC of the District or the Sub Divisional Magistrate of the Sub-Division concerned and another from the Headmaster / Principal of the institution with details of exact date of joining and leaving the School / College. Exact particulars must be mentioned in the certificates.

**CERTIFICATE IN RESPECT CHILDREN/GRANDCHILDREN OF PERSONS
KILLED IN SIKH RIOTS OUTSIDE PUNJAB**

No. _____

Date _____

Certified that Mr./Ms. _____ Son/Daughter of Sh. _____
R/o _____ was
killed in Sikh riots activities outside Punjab. He/She was Father/Mother/Grand Father/ Grand Mother/ Guardian
of _____
(name of candidate)

(*Guardian will be considered only in case neither parent was alive at the relevant time).

Date _____

D.C./G.A. to D.C. of the respective District
(With seal)

**CERTIFICATE IN RESPECT CHILDREN/GRANDCHILDREN OF SIKH RIOT
AFFECTED OR DISPLACED PERSONS**

No. _____

Date _____

Certified that Mr./MS. _____ Son/Daughter of Sh. _____

R/o _____

is Sikh riot affected or displaced person of Punjab origin. He/She is Father/ Mother/ Grand Father/ Grand
Mother/ Guardian of _____

(name of candidate)

(*Guardian will be considered only in case neither parent was alive at the relevant time).

Date _____

D.C./G.A. to D.C. of the respective District

(With seal)

**CERTIFICATE IN RESPECT CHILDREN/GRANDCHILDREN OF PERSONS KILLED IN TERRORIST
ACTIVITY IN PUNJAB**

No. _____

Date _____

Certified that Mr./Ms. _____ Son/Daughter of Sh. _____

R/o _____

was killed in terrorist activities in Punjab. He/She was Father/ Mother/ Grand Father/ Grand Mother/ Guardian of

(name of candidate)

(*Guardian will be considered only in case neither parent was alive at the relevant time).

Date _____

D.C./G.A. to D.C. of the respective District

(With seal)

**CERTIFICATE IN RESPECT CHILDREN/GRANDCHILDREN OF TERRORIST AFFECTED /
DISPLACED PERSONS**

No. _____

Date _____

Certified that Mr./Ms. _____ Son/Daughter of Sh. _____

R/o _____

is terrorist affected / terrorism displaced person. He/She was Father/ Mother/ Grand Father/ Grand Mother/ Guardian
of _____

(name of candidate)

(*Guardian will be considered only in case neither parent was alive at the relevant time).

Date _____

D.C./G.A. to D.C. of the respective District

(With seal)

CERTIFICATE OF CHILDREN/GRANDCHILDREN OF FREEDOM FIGHTERS

No. _____

Date _____

Certified that Mr./Ms. _____ Son/Daughter of Sh. _____
of village _____ P.O. _____ Tehsil _____ District _____

_____ is a bona fide freedom fighter and has been granted freedom fighter's pension by the Punjab Government vide letter No. _____ dated _____ or has been awarded Tamra Patra for his political sufferings.

He/She is / was *Grand Father/ Grand Mother/ Father / Mother of _____
(name of candidate)

(*Guardian will be considered only in case neither parent was alive at the relevant time).

Place: _____

Signature of *DC/ADC/GA to DC

Date: _____

of the Distt. to which the freedom

(Official Seal)

fighter belongs to

*Certificate from no other authority will be accepted.

AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with Institute Roll Number) s/o d/o Mr./Mrs./Ms. _____, having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this ___ day of _____ month of _____ year.

_____ Signature of deponent

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at -----(place) on this the -----(day) of -----(month) , -----(year) .

_____ Signature of deponent

Solemnly affirmed and signed in my presence on this the -----(day) of -----(month) , -----(year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

AFFIDAVIT BY THE PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of _____, (full name of student with University Roll Number) , having been admitted to _____(name of the institution) , have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

_____ Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month) , (year) .

_____ Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month) , _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

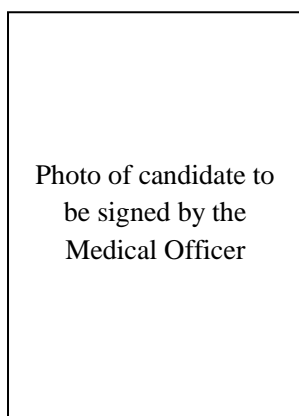
MEDICAL FITNESS CERTIFICATE

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Mr./Ms. _____

Son / daughter of Shri _____ whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical / mental defects which may interfere with his / her studies including the active practical work required for a student.

Marks of Identification _____



Signature of the Candidate _____

Place: _____

Date: _____

Name & Signature of the
Medical Officer with seal

Complete Address: _____

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

**Common Admission Application Form for admission in
B. Pharmacy and B. Pharmacy (Lateral Entry) courses
Session 2018-19**

- 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 the “Principal, University Institute of Pharmaceutical Sciences & Research, Sadiq Road, Faridkot”** by **11th July 2018 by 4.00 p.m. (for B. Pharmacy)** along with the Institute Copy of Bank Challan Form (original).

Please affix self
attested
passport sized
photograph
here

PLEASE NOTE:

- Institute Copy of Bank Challan Form to be sent to the Institute in original. The Fee for candidates who fill downloaded application is Rs.2800/- for General category and 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.

To be filled in *ENGLISH (Capital Letters) and Punjabi Language*

2. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

In Punjabi _____

3. Father's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

In Punjabi _____

4. Mother's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

In Punjabi _____

5. Date of Birth:

D	D	M	M	Y	Y
---	---	---	---	---	---

 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:

11. Aadhar Card No. _____

12.

For admission in B. Pharmacy course	Maximum Marks	Marks Obtained	Percentage /Rank
Marks obtained in 10+2 (Physics, Chemistry, Mathematics / Biology / Biotechnology)			
For admission in B. Pharmacy (Lateral Entry) course			
Marks obtained in D.Pharmacy course			

12. Residence Status Punjab State Other State

13. Details of Fee Paid

BANK TRANSACTION IDTRANSACTION DATE..... Amount (in words)
 (Rs.2800.00 / Rs.1800.00 / Rs.2000.00 / Rs.1000.00
 whatever is applicable as detailed above).

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 course. 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

Sr.No.	Note: <u>Tick relevant box. Leave box empty if not applicable.</u>	By Candidate	For Office use
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.	Character Certificate from Institution last attended		
6.	Certificate in support of claim under reserved category.		
7.	Original Institute Copy of Bank Challan Form confirming deposition of fee in the Bank A/c given by the Institute. (To be sent in original)		
8.	Annexure-I - Certificate from the Principal / Head of the Institute last attended seeking admission to B. Pharmacy course (To be sent in original)		
9.	Annexure-II - Undertaking from the Parent/Guardian to the effect that their ward has not availed any Residence benefit in any other state (To be sent in original)		
10.	Annexure-III - Undertaking by candidate if there is a time gap in study after 10+2 or D.Pharmacy (To be sent in original)		
11.	Annexure-XV - Medical Fitness Certificate (To be sent in original)		
12. Any other Annexure, if any (to be sent in original)			
i)			
ii)			
iii)			
iv)			

Checked by (Sign) _____

Name (_____)

Note: Candidates will attach **self attested** copies of documents mentioned at S.Nos. 1-6 and **original** of documents mentioned at S.Nos. 7 to 12.