

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

**Common Admission Application Form for admission in
B. Pharmacy, B. Pharmacy (Lateral Entry) and M. Pharmacy (Pharmaceutics) courses
Session 2019-20**

- 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 15th July 2019 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.

S.No	Category Name*	Category Code*
(i)		
(ii)		
(iii)		
(iv)		

*To fill category Name & Code, refer prospectus page no. 5 & 6.

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

1. Name

In Punjabi _____

2. Father's Name

In Punjabi _____

3. Mother's Name

In Punjabi _____

4. Date of Birth:

D	D	M	M	Y	Y
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(As per Matric Certificate)

Sex (✓) Male Female

5. Correspondence Address

_____ Pin Code

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6. Permanent Address

_____ Pin Code

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Tel/Fax No. _____ Mobile No. _____ E-Mail. _____

7. Annual Income of parents from all sources:

8. Belongs to Urban Rural Area

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

B.Pharmacy:

10. Aadhar Card No. _____

11.

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			
For admission in M. Pharmacy course			
Marks obtained in B.Pharmacy course			
Valid GPAT score card (if available)			

12. Residence Status Punjab State Other State

13. Details 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).

14. **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 am 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.	Detail Marks Card / Final Result of B.Pharmacy for seeking admission in M. Pharmacy course.		
6.	Character Certificate from Institution last attended		
7.	Certificate in support of claim under reserved category.		
8.	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)		
9.	Annexure-I – Sworn declaration by the candidate seeking admission for B. Pharmacy/ B. Pharmacy (Lateral Entry)/ M. Pharmacy		
10.	Annexure-II - Certificate from the Principal / Head of the Institute last attended seeking admission to B. Pharmacy/ B. Pharmacy (Lateral Entry)/ M. Pharmacy course (To be sent in original)		
11.	Annexure-III - 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)		
12.	Annexure-IV - Undertaking by candidate if there is a time gap in study after 10+2 or D.Pharmacy/ B. Pharmacy (To be sent in original)		
13. Any other relevant document(s)			
i)			
ii)			
iii)			
iv)			

Checked by (Sign) _____

Name (_____)

Note: Candidates will attach **self attested** copies of documents mentioned at S.Nos. 1-7 & 13 and **original** of documents mentioned at S.Nos. 8 to 12.

