

**PRATIKSHA INSTITUTE OF PHARMACEUTICAL SCIENCES**

(Under Pratiksha Educational Trust)

Chandrapur Road, Panikhaiti, Guwahati – 26, Assam, India

**APPLICATION FORM**

(To be filled in by student. Use BLOCK letters only)

PHOTO

Application Form No.

**STUDENT INFORMATION**

**First Name Middle Name Last Name**

**…………………………… ……………**………**…… ……….………………………**

**Gender: Male [ ] Female [ ] Date of Birth (dd/mm/yyyy) ………………………………**

**Blood Group Identification Mark**

..**.......................................... ……**.**............................................................................................**

**Place of Birth Home Town Mother tongue**

**………………………………………………………………..**  ….….**..………………………**

**Nationality Religion Caste**

**…………………………… ……………………………….. ……………………………….**

**Community Telephone Number Email ID**

**…………………………… ……………………………….. ……………………………...…**

**PARENT INFORMATION**

**Mother’s Name Occupation Telephone Number**

**…………………………… ……………………………….. ……………………………….**

**Father’s Name Occupation Telephone Number**

**…………………………… ………………………………..…………………….…………**

**FullAddress with PIN code ……………………………………………………………………………………**

**………………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………………..**

**Email ID ……………………………………………..**

**LOCAL CONTACT / GUARDIAN INFORMATION**

**Name Relationship Telephone Number**

**……………………………………………………………….. ……………………………….**

**Full Address with PIN code ………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**Email ID ……………………………………………..**

**COURSE APPLIED**

(1)**Undergraduate (2) Diploma**

## **Bachelor of Pharmacy [ ] LateralEntry [ ] Diploma in Pharmacy[ ]**

**DETAIL OF EXAMINATION PASSED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Examination** | **Name of the Board/Council** | **Year of Passing** | **Regd. No.**  **&**  **Roll No.** | **Total Marks Prescribed** | **Total Marks Obtained** | **Percentage of Marks Obtained** |
| **HSLC (10th)** |  |  |  |  |  |  |
| **HSSLC (10+2)** |  |  |  |  |  |  |
| **D. PHARM** |  |  |  |  |  |  |

**A PERCENTAGE OF MARKS OBTAINED IN HSSLC (10+2) OR EQUIVALENT (SCEINCE)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Percentage of marks secured in** | | | | **Percentage of marks in aggregate of** | |
| **Name of the Examination** | **Physics** | **Chemistry** | **Mathematics** | **Biology** | **PCM** | **PCB** |
| **HSSLC (10+2) or equivalent (Sciene)** |  |  |  |  |  |  |

**ADMISSION TYPE**

**[ ] General Category**

**[ ] Reserve Category, Specify …………………………..**

**[ ] Physically Handicapped**

**Date of Admission (dd/mm/yyyy) Academic year: 2020-2021**

**…………………………………………………………….**

**Institute Fees Paid [ ] Receipt Number Date**

**…………………………..… ……………………………….. ……………………………….**

**ACCOMODATION**

**Home [ ] Hostel [ ] PG [ ] Others[ ]**

**Address& Contact number**

**……………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………..**

**Hostel Fees Paid [ ] Receipt Number Date**

**……………………………… …………………………….. ………………………………**

**HOW DID YOU COME TO KNOW ABOUT PRATIKSHA INSTITUTE OF PHARMACEUTICAL SCIENCES**

**[ ] Recommended by friend / relative [ ] Google**

**[ ] Recommended by academic staff / student [ ] Institute representative**

**[ ] Exhibition / Seminar / Conference / Aspiration [ ] Direct Inquiry**

**[ ] News Paper Others (please specify)………**

**DOCUMENTS ENCLOSED**

**[ ] Class X / equivalent marks card & certificate [ ] Migration certificate**

**[ ] Class XII / equivalent marks card & certificate [ ] Transfer Certificate**

**[ ]D.Pharm / equivalent marks card & certificate[ ] Gap certificate ( if any)**

**[ ] Undertaking & anti Ragging Affidavit [ ] No objection certificate (if any)**

**[ ] 5 nos. passport size color photo**

**[ ] Caste Certificate (in case of SC/ST/ Cat1 student only)**

**[ ] Passport & VISA (applicable for foreign nationals / NRIs / PIOs only)**

**\*\*\*\*Fee payment DD in favour of \*\*\*\***

**“PRATIKSHA INSTITUTE OF PHARMACEUTICAL SCIENCES”, PAYABLE AT GUWAHATI**

**DECLARATION**

I, ………………………………………………………………., the candidate seeking admission to ………………………………….. Program at Pratiksha Institute of Pharmaceutical Sciences, Guwahati, Assam solemnly declare that, I will strictly abide by the rules and regulations in force and those that may be fromed hereafter and will not indulge in any unsocial and anti national activities. I will avoid any act of indiscipline and breach of rules. I further agree to reimburse any damage of furniture, apparatus, etc., which may be caused by me. I will adhere to the norm of attendance in the institute, failing which, I will not be eligible to appear for the examination.

**Place:**

**Date:**  **Signature of the Student**

The particulars furnished by the applicant are true to my knowledge, I request that he/she may be admitted to the course applied for. I agree tosee the applicant pays the tuition fee regularly. I shall also be responsible for his/her conduct and good behavior during the period of his/her college career, I will accept the decision of Principal in all matter of my ward as final.

**Place:**

**Date:**  **Signature of Parent/Guardian**

**FOR OFFICE USE ONLY**

**What document are pending? …………………………………………………………………………………...**

**………………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………………..**

**Admission Approval Status …………………………………………………………………………………….**

**Authorized Signatory Principal**