

To be filled up and submitted for counseling and Admission

Sl. No.....

GIRIJANANDA CHOWDHURY INSTITUTE OF PHARMACEUTICAL SCIENCE-TEZPUR

(GIPS-TEZPUR)

**(An Institute established under PPP model by Shrimanta Shankar Academy and Govt. of Assam)
Dekargaon, Tezpur, Sonitpur-784501**



APPLICATION FORM

(SESSION-2022-2023)

Affix your recent
passport
Photograph

Admission sought in: D.Pharm/B.Pharm/B.Pharm (Lateral)

Admission Opted for: Govt. quota/ Self-Sponsored quota (Students should apply separately for both)

1. Name of the applicant
in full (in block letters) :
2. Sex (M/F) :
3. Date of Birth :
4. Father's Name :
5. Mother's Name :
6. Father's Occupation :
7. Mother's Occupation :
8. Family Income :
9. Postal Address :
.....
.....
10. Permanent Address :
.....
.....
11. Contact Address (Parent/Guardian) :
STD Code Phone No.....
Mobile No
E-mail ID
12. Student's Contact No :
E-mail ID :
13. Nationality :
14. Religion :

15. Caste/ Category: Gen/SC/ST/OBC/MOBC/Others:

16. Details of Examination Passed:

| Name of the Exam | Name of Board/ University | Year of Passing | Reg. No. & Roll No. | Total Marks Prescribed | Total Marks Obtained | % of Marks Obtained |
|------------------|---------------------------|-----------------|---------------------|------------------------|----------------------|---------------------|
| HSLC | | | | | | |
| HS. (10+2) | | | | | | |
| D. Pharm | | | | | | |

17. Details of marks obtained in H.S./10+2 or Eqvt. (Sc) (only for D.Pharm & B.Pharm)

| Exam | Marks secured in | | | | % of marks in aggregate of | |
|-----------------------|------------------|-------|-------|------|----------------------------|-----|
| | Phys. | Chem. | Math. | Bio. | PCM | PCB |
| HS/ 10+2 or Eqvt (Sc) | | | | | | |

18. Proficiency in Co- curricular activities

19. Checklist of the documents (originals and / or Copies)

| | | | Remark |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|
| 1 | Four copies of passport size recent colour photographs | Submitted / Not submitted | |
| 2 | For candidates wearing glasses, a recent certificate stating the power of the glasses | Submitted / Not submitted | |
| 3 | Admit card of HSLC Examination (as age proof) (Original & 2 photocopies) | Submitted / Not submitted | |
| 4 | Mark sheet of HSLC Examination (Original & 2 photocopies) | Submitted / Not submitted | |
| 5 | HSLC Examination pass certificate (Original & 2 photocopies) | Submitted / Not submitted | |
| 6 | Admit card of HS (10+2) or Eqvt. Examination (Original & 2 photocopies) | Submitted / Not submitted | |
| 7 | Mark sheet of HS (10+2) or Eqvt. Examination (Original & 2 photocopies) | Submitted / Not submitted | |
| 8 | Pass certificate of HS (10+2) or Eqvt. Examination (Original & 2 photocopies) | Submitted / Not submitted | |
| 9 | Migration certificate (for those who are already registered in any other Board /University other than AHSEC) | Submitted / Not submitted | |
| 10 | Character certificate from the Head of the Institute last attended (Original & 2 photocopies) | Submitted / Not submitted | |
| 11 | Gap certificate (if Applicable) | Submitted / Not submitted | |
| 12 | Mark sheet & Pass certificate of D. Pharm, for lateral entry/B.Pharm (Practice) Admission(Original & 2 photocopies) | Submitted / Not submitted | |
| 13 | Mark sheet & Pass certificate of B.Pharm, for M. PharmAdmission (Original & 2 photocopies) | Submitted / Not submitted | |
| 14 | Mark sheet & Pass certificate of B. Pharm & M. Pharm, for Ph.D. Admission (Original & 2 photocopies) | Submitted / Not submitted | |
| 15 | Medical history record with signature and stamp from a registered medical practitioner. | Submitted / Not submitted | |
| 16 | Pharmacist Registration Certificate, for B.Pharm (Practice) Admission (Original & 2 photocopies) | Submitted / Not submitted | |
| 17 | Experience Certificate from competent authority, for B.Pharm (Practice) Admission (Original & 2 photocopies) | Submitted / Not submitted | |
| 18 | NOC from Employer in prescribed format, mentioned in PCI regulation under Annexure- A, for B.Pharm (Practice) Admission (Original & 2 photocopies) | Submitted / Not submitted | |
| 19 | Anti-ragging affidavit in stamp paper notarized by a Notary officer and countersigned by the Parents and it has to be submitted online in AICTE website after the admission is confirmed. | Submitted / Not submitted | |

DECLARATION BY THE APPLICANT

I declare that the above entries in the form have been filled up in my own handwriting and the entries made are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement is proved to be false then the Authority shall have the right to take legal action against me for submitting false information or statement.

I do further declare that:

- a. There is no allegation of misconduct against me and I have never been convicted for any offence involving moral turpitude.
- b. I shall strictly abide by the uniform code throughout my studentship in the institute.
- c. I know it is a provisional admission subjected to confirmation after verification of the original documents.

Full Signature of the Applicant

Place.....

Date.....

DECLARATION BY PARENT/GUARDIAN

I, Sri/Smt....., the Father/Mother/Guardian of the candidate Sri/Smt do hereby declare that in the event of my Son/Daughter/Ward being admitted in Girijananda Chowdhury Institute of Pharmaceutical Science, Tezpur, Sonitpur, I shall be responsible for his/her conduct and undertake to pay his/her college dues and other expenses during his/her studentship in the college. I also undertake to withdraw him/her from the college, should authorities concerned decide that such withdrawal is necessary in the interest of the college or in the event of inability to pay his/her college dues in time or due to his/her unsatisfactory result and attendance and conduct after clearance of all his/her dues if any and without claiming any compensation from the college authorities.

I further declare that there is no allegation of misconduct against my son/daughter/ward and he/she has never been convicted for any offence involving moral turpitude.

I further declare that if any statement is proved to be false then the authority shall have the right to take legal action against me and my son/daughter for submitting false information and statements.

I certify that the particulars stated in this application by my son/daughter/ward are true to the best of my knowledge and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

Signature of the Parent/Guardian

Place.....

Date.....

Note:

1. Candidates will be required to produce the original certificates and mark-sheets as also any other relevant documents at the time of counselling and admission.
 2. Application for admission along with attested copies of certificates, mark-sheets and other relevant documents are to be submitted to the Principal, GIPS-Tezpur (A unit of Shrimanta Shankar Academy), Tezpur, Sonitpur, 784501. Phone (6003058050, 8486502687)
 3. Incomplete application forms will be liable to rejection.
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For Office Use Only

1. The candidate has paid the admission, hostel and other fees amounting a sum of Rs. _____ (Rupees _____) in Cash/Demand Draft (D.D.No. _____ dated. _____) Vide receipt No. _____ dated _____.

Signature of the Cashier
With date & stamp

2. The students has been provisionally admitted/admitted in _____ on this date _____22_____.
3. Class/Roll No. G 20---/.....

.....
Signature of Authorized officer
Gips, Tezpur

.....
PRINCIPAL
GIPS, Tezpur

Date.....

(This part is to be submitted during admission time)

MEDICAL HISTORY RECORD

1. Name of the applicant (Mr./Ms) :
2. Age :
3. Sex – M/F :
4. Height (cm) :
5. Body weight (Kg) :
6. Vision/Eye sight :
7. Hearing :
8. Blood Pressure & Pulse rate :
9. Blood group :
10. Blood, stool & urine
(Routine Examination) :
11. History of any chronic diseases like- Epilepsy, TB etc ---- YES/NO
If yes—Give details:
.....
12. Drug allergy ---- YES/NO
If yes—Give details:
.....
13. History of drug abuse---- YES/NO
If yes—Give details:
.....
14. Have you donated your blood recently? YES/NO If
yes—mention the date.

Signature of the Applicant

Signature of the Medical Practitioner
with registration number and seal



**GIRIJANANDA CHOWDHURY INSTITUTE OF
PHARMACEUTICAL SCIENCE-TEZPUR**

Dekargaon, Tezpur, Sonitpur-784501

ACKNOWLEDGEMENT

Name:

Address:

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.....

Application Form No.

Date:.....

.....

Receiver's signature

With date and stamp

