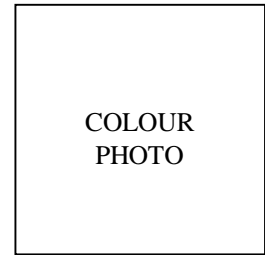


GUPTA COLLEGE OF TECHNOLOGICAL SCIENCES
Ashram More, G.T.Road, Asansol – 713301 (W.B.)

APPLICATION FORM FOR ADMISSION
to
MASTER OF PHARMACY (2010 – 2011)



Admn. No.....

1. Name of the Applicant (in Block Letters)

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2. Sex: M/F 3. Date of Birth & Place

4. (i) Nationality (ii) *Caste

GEN	SC*	ST*	M	OBC*
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(Please √)

(iii) Religion

Gen: General, SC – Schedule Caste, ST - Schedule Tribe, M – Minority, OBC – Other Backward Class

(ii) Mother Tongue

* Caste certificate must be produced

5. Name of Father Occupation:
& Ph.No.

Name of Mother Occupation:
& Ph. No.

Name of Guardian Occupation:
& Ph. No.

(ii) Annual Income of the Parent / Guardian:

6. Address & Phone No. of the Student

(Local) :

(Permanent) :

Telephone :

7. Name & Place of the Institutions previously studied [H.S and B.Pharm] :

	Year	Institute	Class/Div.	Remarks
i) B.Pharm				
ii) H.S (10+2)				
iii) Madhyamik/ ICSE/CBSE				

8. GATE qualified Yes / No Year
Year of passing B. Pharm : Result with % of Marks / DGPA

9. Choice of Specialization :
(according to the preference)

i)	Pharmaceutics	<input type="checkbox"/>
ii)	Pharmaceutical Chemistry	<input type="checkbox"/>
iii)	Pharmacology	<input type="checkbox"/>
iv)	Quality Assurance & Pharma Regulatory Affairs	<input type="checkbox"/>

10. Whether the applicant is a bonafide resident of West Bengal ? YES / NO

I do hereby agree to undergo training prescribed by the College Authority. During the period of my study in the College, I will abide by the rules of discipline of the college, if admitted.

Place :

Date :

Signature of the applicant

The particulars furnished by the applicant are true to the best of knowledge. I request that he/she may be admitted to the course applied for. I agree to see that the applicant pays all the fees regularly.

Place :

Date :

Signature of the Parent/Guardian

For Office Use Only

Admitted to _____ 2009

On dated _____

Fee Collected Rs. _____

Receipt No. _____

Date _____

Principal

Accountant