

GUPTA COLLEGE OF TECHNOLOGICAL SCIENCES
ASANSOL

19,09.2020

NOTICE


CANDIDATES WHO HAVE ALREADY GOT PROVISIONAL ADMISSION THROUGH PGET 2020 AND WHO ARE UNABLE TO COME TO COLLEGE PHYSICALLY DUE TO LOCKDOWN, ARE DIRECTED TO MAKE FINAL ADMISSION TO COLLEGE ALONG WITH REQUISITE FEES & DOCUMENTS (.)

BALANCE AMOUNT (EXCLUDING AMT. ALREADY DEPOSITED AT THE TIME OF PGET COUNSELLING) TO BE DEPOSITED BY BANK TRANSFER TO THE FOLLOWING BANK & A/C NO., IN FAVOUR OF GUPTA COLLEGE OF TECHNOLOGICAL SCIENCES, PAYABLE AT ASANSOL;

AXIS BANK
Murgasole Branch, Asansol

A/c no. 918010016475026
IFSC Code UTIB0001405
MICR Code 713211003

ADMISSION FORM AND HOSTEL FORM ARE AVAILABLE ON OUR COLLEGE WEBSITE WHICH CAN BE PRINTED & FILLED UP BY THE CANDIDATE AND CAN BE SENT THROUGH COURIER/SPEED POST WITHIN 5th OCTOBER, 2020 POSITIVELY (.)


PRINCIPAL
Dr. Kalyan Kumar Sen
Principal

Principal
Gupta College of Technological Sciences
Ashram More, G. T. Road, Asansol-713301(W.3.)

GUPTA COLLEGE OF TECHNOLOGICAL SCIENCES

Ashram More, G.T.Road, Asansol – 713301 (W.B.)
Phone: (0341) 231-3120 & Fax No. (0341) 231-4604

Stamp size
Colour

APPLICATION FORM FOR ADMISSION

to
MASTER OF PHARMACY (2020 – 2021)

Admn. No.....

1. Name of the Applicant (in Block Letters)

2. Sex: M / F

2. Date of Birth & Place

4. (i) Nationality

(iv) Caste: Gen/SC/ST/PH/OBC

(ii) Religion

(iii) Mother Tongue

5. Name of the Parent/Guardian :

Occupation :

Name of the Mother :

Occupation :

Annual Income of the Parent/Guardian :

6. Address & Phone No. of the Student

(Local) :

(Permanent) :

E-mail:

Whatsapp No:

7. Name & Place of the Institutions previously studied :

Year	Institute	Class/Div.	Remarks
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(i)

(ii)

8. GATE qualified (put \surd) : Yes / No Rank : _____ Year _____ 9. PGET Rank :

Year of passing B. Pharm : Result with % of Marks / DGPA _____

10. Specialization : i) Pharmaceutics

(according to the preference)

iii) Pharmacology

11. Whether the applicant is a bonafide resident of West Bengal ? Y/N _____

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

Certificate of Physical Fitness to be issued by the Medical Officer.

I do hereby certify that I have examined Sri/Kumari _____ candidate for M.Pharm course and did not discover him/her having any disease, constitutional, affiliation or bodily infirmity except _____

I do not consider this a disqualification for undergoing the course of _____

His / Her age according to his/her own statement is _____ years and by appearance about _____ years. He / She has marks of small pox vaccination.

Personal marks of identification :

- 1) Height
- 2) Weight
- 3) Chest measurement on full inspiration and expiration
- 4) Acuteness of Vision : Right Eye _____
Left Eye _____
- 5) Blood Group :

N.B. Any defect, deformities or other disabilities when present should be noted in detail. In case where sight is corrected with glasses, for power of the glasses of each eye should be noted.

Station: _____ Name _____

Date : _____ Rank/Designation _____

*A Medical Officer not below the rank of Assistant Surgeon or Honorary Assistant Medical Officer with M.B.B.S. qualification or Licentiate in Medicine for 10 years and registered in the Medical Council of India and not from any other source.

For Office Use Only

Admitted to _____ 2020

On dated _____

Principal

Fee Collected Rs. _____

Receipt No. _____

Date _____

Accountant