

ADMISSION FORM

Admission form for the degree of Doctor of Philosophy (Ph.D.)

Photo

**To,
The Principal
JIU's Ali Allana College of Pharmacy
AkKalkuwa, Nandurbar**

Dear Sir,

I hereby apply for admission to the Ph.D. Degree. I state that I have not been admitted as a student for this or any other Degree in this or any other College/University. The required details about myself are as follows:

1. Name in full (in Capital Letters) :

.....
(Beginning with Surname) (Surname) (Name) (Father/Husband)/(Mother's Name)

2. Date of Birth : / /

3. Gender : Male/Female (Strike out whichever is not applicable)

4. Nationality :

5. Permanent Address:

6. Present (Local) Address :

Tel. No./Mobile Number:..... Email ID:

7. I belong to the category mentioned below: (Please Tick the appropriate box & attach attested cast certificate)

1 Open Category	2 SC	3 ST	4 DT (A)	5 NT (B)	6 NT(C)	7 NT (D)	8 OBC	9 SBC

8. Particulars of Degrees previously obtained (attach attested copies of statement of marks and certificates) :

Degree	University	Year of Passing	Subjects Offered	Class Grade	Percentage Grade Points
B Pharm Degree					
M. Pharm. Degree					
Any other Degree					

9. Particulars of Publications (if any):

Title of the Paper/Book	Name of the Journal/ Publisher	Place and Year of Publication

10. Details of Teaching Experience (if any):

Name of the College	Subject(s) Taught	Year(s)

11. Details of professional experience, if any (Attach necessary Certificates) :

(i) Nature of Professional Experience :

(ii) The Institute where Professional experience was gained :

(iii) Period of Professional experience:

12. (i) Title of M. Pharm. Dissertation, :

.....

(ii) Is the Proposed topic of Doctoral Research Related to or an Expansion of the M. Pharm. Dissertation? : Yes / No

All the particulars given above are true to the best of my knowledge .I have read the rules for the Degree of Doctor of Philosophy (Ph.D.) and I undertake to abide by them. I also undertake to regularly report at the Place of Research on the recommendation of the Research Guide.

Thanking you,

Sincerely yours,

Date :

Signature of Applicant

Place :

Name and Signature of
Research Guide allotted by college

Name and Signature of
Head of the Department

Name and Signature of
Research Co-Guide

Principal
Ali Allana College of Pharmacy