



Vivekanand Education Society's College of Pharmacy (Autonomous)

Hashu Advani Memorial Complex. Behind Collectors colony, Chembur Mumbai – 400074,
Tel: 61144144, email vescop@ves.ac.in, website: www.vespharmacy.ves.ac.in

Ph.D. (Tech)

Appl. No.

ADMISSION FORM For Ph.D. (Tech) in _____ (Academic Year: 2025-2026)

<u>For GATE Qualified Candidates</u>	<u>For PET Qualified Candidates</u>	<u>For Candidates having 5 years of approved teaching Experience</u>	<u>Recent Photograph</u>
1. Percentage Score: _____	1. Percentage Score: _____	<u>Please attach:</u> 1. Approval Letter 2. Experience Certificate	
2. All India Rank: _____	2. All India Rank: _____		

***Please read the instructions before filling the form.**

Principal's Remark _____

- Full Name of the Candidate:
Mr./ Ms.

(IN BLOCK LETTERS) (Surname) (First Name) (Middle Name)
- Name In Marathi: _____ Phone No.: _____
- Gender: _____ Marital Status: _____ Email.ID: _____
- Date of Birth: _____ Birth Place: _____ State: _____
- Mother Tongue of Parent (a) Father: _____ (b) Mother: _____
Nationality: _____ Religion: _____ Caste / Tribe: _____
- Reserve Category (SC/ ST/ / NT) if yes specify:

- Address for correspondence: _____
_____ PIN _____
- Permanent Address: _____

- Name of the College where completed M. Pharm & year of leaving it with address _____

- University of B. Pharm. Degree _____
- Name of the Father/ Husband: _____
(Surname) (First Name) (Middle Name)
Occupation: _____ Mobile No. _____
- Have you registered your name in voter list?
- General Information. Total no. of family members (excluding the candidate) _____ No. of earning members in the family: _____ Family's total annual income (in Rupees): _____
- Fees Details:
D.D. No. _____ Bank Name: _____ Branch: _____
Dated _____ D.D. Amount: _____

15. Previous Academic Details

Name of Examination	Name of the College and University	Month & Year of Passing	Total Marks Obtained	Marks Out of	Percentage of Marks Obtained	Class Obtained
B. Pharm						
M. Pharm-						
Grade/ Class awarded in M. Pharm.						
Any Other						

16. Are you exempted from PET? If yes give reason:

PET Examination Details				
Examination (Strike out which is not applicable)	Name of University/ Board/ Apex Body	Exam seat No.	Month & year of PET	Score/ Out of Grade
GATE/ GPAT				

Work Experience					
Name of college/ Organization	Designation	Work Experience (period)		Is appointment approved by Affiliated University? if Yes then write the date of starting of probation period	Letter No. & date of letter from University regarding approval of appointment
		From	To		

17. Following documents are required to be submitted along with original copy and duly attested (Two Photocopies):

Documents to be submitted for Admission to Ph.D.	
01	Statement of Marks, Degree certificate for B. Pharm. and M. Pharm
02	College leaving certificate & Transfer certificate (If Applicable).
03	Certificate of Indian Nationality (Domicile Certificate/ Birth Certificate/ Passport).
04	Photographs of Student (05 nos. in original)
05	Experience certificate/ proof of experience as approved teacher of University.
06	PET Score Card
07	GATE/ GPAT Score card
08	Certificate of Registration with State Pharmacy Council
09	Most Recent C.V & Supported Documents

Declaration to be signed by the candidate:

I _____ do
hereby
agree to abide by all the ordinances / statutes and regulations of the institution enforced
from time to time.

- I do hereby certify that entries made by me in this form are correct to the best of my knowledge.
- I do hereby solemnly declare that I have not been debarred at any time from joining any educational Institute or rusticated from the Institute / Board last attended.
- I declare that I have not been associated (active or passive) with any unlawful organization in the past nor I would associate myself with such organizations in future.
- I hereby solemnly declare that I will maintain good conduct throughout my stay at this Institute.

Signature of Father / Husband / Guardian

Signature of Candidate

ANNEXURE -I

No objection certificate to be submitted by PhD candidate (Applicable for working professionals only)

(Following format is to be printed on the letter head of the Organization where the candidate is currently working)

To:
The Head of The Institution
Vivekanand Education Society's College of Pharmacy

NO OBJECTION CERTIFICATE

This is to certify that Mr./Ms. _____ is currently employed with our organization as _____ since _____. He/She has experience of _____ years and months in our organization. We have no objection if Mr./Ms. _____ is admitted to the Ph.D. programme in the Department of _____/Centre _____ at Vivekanand Education Society's College of Pharmacy as a full-time research scholar in the Academic Year _____. It is agreed by our organization to share the ownership of any generated IPs from the doctoral research work with Vivekanand Education Society's College of Pharmacy, while the Copyright authorship of developed thesis will be governed by Vivekanand Education Society's College of Pharmacy IPR policy.

(Signature & Name of the competent authority with seal)
Date

Undertaking to be submitted by PhD candidate (Applicable for working professionals only)

To:

The Head of The Institution

Vivekanand Education Society's College of Pharmacy

UNDERTAKING

I, Mr./Ms. _____ do hereby declare that I have been working at _____ as _____ for the past _____ year. I undertake to devote the time and effort required for completion of the programme within the stipulated time and I shall make myself physically available in the Research Centre for any academic requirements including course work, examinations, progress presentation, colloquium, and my Ph.D. viva-voce examination.

Name & Signature of the PhD candidate

Date