

Vivekanand Education Society's College of Pharmacy

Ph.D. (Tech)

Appl. No.

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

ADMISSION FORM

For Ph.D. (Tech) in _

(Academic Year: 2024-2025)

for GATE Qualified Candidates	For PET Qualified Candidates	For Candidates having 5 years of	Recent Photograph
. Percentage Score:	Percentage Score:	<u>approved teaching Experience</u> Please attach:	
_		1. Approval Letter	
. All India Rank:	2. All India Rank:	2. Experience Certificate	
*Please read the instructio	ns before filling the form.	Principal's Remark	
1. Full Name of the Cano Mr./ Ms.	didate:		
(IN BLOCK LETTER	(Surname)	(First Name)	(Middle Name)
2. Name In Marathi:		Phone No.:	
3. Gender:	_Marital Status:	Email.ID	
4. Date of Birth:	Birth Place:	State:	
5. Mother Tongue of Pare	ent (a) Father:	(b) Mother:	
Nationality:	Religion:	Caste / Tribe:	
6. Reserve Category (SC/	ST// NT) if yes specify:		
7. Address for correspond	lence:		
; 			PIN
8. Permanent Address:			
9. Name of the College w	here completed M. Pharm & yea	ar of leaving it with address	
10. University of B. Phari			
	usband:(Surname)	(First Name) _Mobile No	(Middle Name)
12. Have you registered y			
13. General Information.	Total no. of family members (ex	cluding the candidate)	No. of earning
	•	total annual income (in Rupees):	_
14. Fees Details:			
D.D. No	Bank Name:	Branch:	
		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?	Letter No. & date of letter from University regarding approval of	
		From	То	-	appointment	

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 hereb
agree to abide by all the Ordinances / statues and reg	gulations of the institution enforced fron
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 bee educational Institute or rusticated from the Institu	
• I declare that I have not been associated (active organization in the past nor I would associate my	•
• I hereby solemnly declare that I will maintain g	good conduct throughout my stay at this
Institute.	
Signature of Father / Husband / Guardian	Signature of Candidate