

Vivekanand Education Society's College of Pharmacy (Autonomous) Hashu Advani Memorial Complex. Behind Collectors colony, Chembur Mumbai – 400074,

Ph.D. (Tech)

Appl. No.

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:	1. Percentage Score:	approved teaching Experience Please attach:			
. All India Rank:	2. All India Rank:	Approval Letter Experience Certificate			
*Please read the instructions before filling the form. Principal's Remark					
1. Full Name of the Cano Mr./ Ms.	lidate:				
(IN BLOCK LETTER	(Surname)	(First Name)	(Middle Name)		
2. Name In Marathi:		Phone No.:			
3. Gender:	_Marital Status:	Email.ID			
		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 correspondence:					
PIN					
8. Permanent Address:					
9. Name of the College where completed M. Pharm & year of leaving it with address					
10. University of B. Pharr	m. Degree				
11. Name of the Father/ H	usband:(Surname)	(F' (N	0.6.1 H N		
Occupation:	(Surname)	(First Name) Mobile No	(Middle Name)		
12. Have you registered yo	our name in voter list?				
13. General Information.	Γotal no. of family members (ex-	cluding the candidate)	_No. of earning		
members in the family	r:Family's	total annual income (in Rupees):			
14. Fees Details:					
D.D. No	Bank Name:	Branch:			
Dated	D.l	D. Amount:			

15. Previous Academic Details

Name of Examination	Name of the College and University	Month & Year of Passing	Total Marks Obtained	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 Exp	erience		
Name of college/ Organization	Designation	Work Experience (period)		Is appointment approved by Affiliated University?	Letter No. & date of letter from University	
		From	То	Ţ	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	
10	NOC & Undertaking (To be submitted by working professionals only). Click here	

Declaration to be signed by the candidate:

<u>l</u>	do
hereby	
agree to abide by all the ordinances / statues and regu	lations of the institution enforced
fromtime to time.	
 I do hereby certify that entries made by me in to of myknowledge. 	his form are correct to the best
 I do hereby solemnly declare that I have not been anyeducational Institute or rusticated from the Inst 	,
• I declare that I have not been associated (active organization in the past nor I would associate myst future.	•
 I hereby solemnly declare that I will maintain go thisInstitute. 	ood conduct throughout my stay at
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 N	/lr./Ms 18 C	urrently employed with our
organization as	since	He/She has
experience of	years and months in our organization	on. We have no objection if
Mr./Ms	is admitted to the Ph.D. pro	gramme in the Department
of	/Centre	at Vivekanand
Education Society's Co	ollege 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 develope	ed thesis will be governed
by Vivekanand Educat	ion Society's College of Pharmacy IPR po	olicy.
(Signature & Name of Date	the competent authority with seal)	

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 de	eclare that I have been
working		
at	as	for the past
year. I undertake to dev	ote the time and effort req	quired for completion of
the		
programme within the stipulated time an	d I shall make myself phy	ysically available in the
Research		
Centre for any academic requirements	including course work,	examinations, progress
presentation,		
colloquium, and my Ph.D. viva-voce exar	nination.	

Name & Signature of the PhD candidate Date