



# Vivekanand Education Society's College of Pharmacy

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: 2021-2022)

<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:

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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 alongwith original copy and duly attested (Two Photocopies):

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

Declaration to be signed by the candidate:

I \_\_\_\_\_ do hereby agree to abide by all the Ordinances / statues 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