



We Make The Future

GAYATRI GROUP OF INSTITUTIONS

GAYATRI COLLEGE OF PHARMACY
GAYATRI INSTITUTE OF PARAMEDICAL SCIENCE.
GAYATRI COLLEGE OF PHYSIOTHERAPY
Gayatri Vihar, Jamadarpali, Sambalpur-768200

APPLICATION FORM

FOR OFFICE USE ONLY

Intimation No.:
Date of Counselling:
Course Title:

Photograph
attested by
a Gazetted
Officer

To be filled by the candidate's own handwriting

1. Name of the Candidate: _____
(IN BLOCK LETTERS)

2. Course applied for:

Choice 1	D.PHARM / B.PHARM / M.PHARM / DMLT / BPT
Choice 2	D.PHARM / B.PHARM / M.PHARM / DMLT / BPT
Choice 3	D.PHARM / B.PHARM / M.PHARM / DMLT / BPT

3. Date of Birth: _____ (As recorded in H.S.C. Certificate)

4. Nationality: _____

5. Sex: _____ 6. Marital Status: _____

7. Father's Name: _____

8. Permanent Address: _____

Phone No:(_____) _____

Mob: _____ E.mail ID _____

9. Present Address

(For Correspondence)

Phone No:(_____) _____

Mob: _____ E.mail ID _____

10. Academic Qualifying

Course	Minimum Qualification	Marks obtained	School / College	Year of Passing	Board Council/ University	Entrance OJEE/NEET /JEE (M)	Rank
D.Pharm	+2 (Sc)						
B.Pharm	+2 (Sc) 45% (PCB/PCM)						
M.Pharm	B.Pharm						
DMLT	+2 (Sc) (PCB)						
BPT	+2 (Sc) (PCB)						

11. Documents and Certificate to be Enclosed:

- i) Attested Copy of H.S.C. or equivalent Examination Certificate issued by Board/ Council/ University as evidence of Age. **Yes/No**
- ii) Attested copy of pass certificate of qualifying exam. (10+2 or equivalent/B.Pharm) **Yes/No**
- iii) Attested copy of Marksheet of Qualifying Examination **Yes/No**
- iv) One recent Passport Size Photograph duly attested & fixed in the space Provided & other 3Nos. of passport Size photos to be affixed in the form. **Yes/No**
- v) Attested copy of the Conduct Certificate issued by the Principal of institution last studied **Yes/No**
- vi) Particulars of bank draft or original receipt of purchase of application form. (Rs. 500/-) **Yes/No**
- vii) Attested copy of certificates in support of category claimed. **Yes/No**
*(SC/ST/PH/GC/NRI)
- viii) Attested copy of residential/nativity certificate for candidates who claim as permanent resident of Orissa. **Yes/No**
- ix) Post Dated Cheques of subsequent years payment. (To be submitted after confirmation of admission. **Yes/No**

12.

I certify that all information furnished by me in this application are true. I understand that if I am found to have furnished any false information or with held or concealed information to get advantage, my applications shall be rejected, selection and/or admission cancelled and such other action is deemed legally justified may be taken against me.

I certify that I do not suffer from mental disease and not subject to drug addiction.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

I also declare that if I get admitted I shall abide by all rules and regulation of the College imposed from time to time.

Signature of Applicant:

Date:

Place:

Signature of Guardian:

UNDERTAKING

I, _____ S/o. _____

At/Po- _____ Dist. _____

do hereby undertake that I have total course fee payable in Rs.(_____) which will be paid per annum installment wise. Presently I am paying Rs. _____ (_____) towards course fee of D.Pharm / B.Pharm / DMLT / BPT 1st Year. The subsequent instalments will be paid as per the following term periods in the form of D.D. drawn in favour of Gayatri College of Pharmacy, payable at Sambalpur.

I further undertake that if the installment due is not paid in proper time as specified, the management may impose late fine as decided from time to time. If the dues are till not realized I have no objection if my studentship is rejected or any action taken thereof. Further I undertake & declare that if the course is discontinued by me for any reason, then as per the decision of the Hon'ble Supreme Court of Indian in their judgement "Unnikrishnan Vs. State of Andhra Pradesh", I will pay the total amount of course fee for the said course as mentioned above.

Date	Amount	D.D.No. & Date	Receipt No. & Date

Documents not submitted at the time of admission

1. _____
2. _____
3. _____
4. _____
5. _____

Name of the Student

Signature of Guardian