

No. :

(ATTACH ATTESTED TRUE COPY OF "MARKS SHEET" OF LAST M.PHARM. OR QUALIFYING EXAMINATION ALONG WITH FORM)



॥ अंतरी पेटवू इयानज्योत ॥

Batch No.			
Sr. No.			

For College use only. Write here Exam. Form No. from Exam. Form List

NORTH MAHARASHTRA UNIVERSITY, JALGAON

Application Form For Admission to the Examination for the Master of Pharmacy (Partly by Paper and Partly by Thesis Examination) [Semester – I, II, III, IV]

To,
The Controller of Examinations,
North Maharashtra University, Jalgaon – 425 001.

Sir,

I request permission to present myself as a candidate for courses scheduled for the FIRST / SECOND / THIRD / FOURTH Semester's of the M. Pharm. Degree Examination to be held in
I hereby declare that I shall not claim any concession on religious grounds.

{ EXAMINATION DETAILS }

1. Semester's appearing for : Tick the right Semester's

I	II	III	IV
1	2	3	4

Brach Name _____

For Inst. / Dept.
use only

2. Name of the College _____

3. Examination CENTRE at which appearing _____

Male	Female	SC	ST	OBC	DT	NT	SBC	Not Applicable
1	2	C	T	O	D	N	S	

Fresh	Repeater
1	2

5. Recognised Institute where the candidate is doing research work _____

6. Mention Full Name in legible BLOCK letters

(Surname)

(Name)

Father's / Husband's Name

[Applicants from South India and up-countries should write the name as it is written on the Eligibility Certificate obtained from University]

7. Name in Devnagari Script _____

8. Year Month Seat No. of previous latest appearance

9. Permanent Registration Number of M.Pharm.
(should be mentioned correctly)

10. I pay herewith Rs. _____ as examination Fee, Statement of Marks Fee,
details of which are _____

11. Name of Degree of Qualifying Examination, Date of Passing and the name of University _____

12. Eligibility Certificate No. and Date : _____

13. Old Name, if any _____

14. Date of passing the B.Pharmacy Examination with name of the college and that of the University _____

15. Date of obtaining the B.Pharmacy Degree _____

16. Number, Month and Year of Registration as a Post-Graduate Student of this University for the B.Pharmacy (Partly by Papers & Partly by Thesis) Exam. _____

17. Address for Correspondence : _____

18. Residential Address _____

No. of Course		
Exam. Fee Rs.	-----	
Convocation Fee Rs.	-----	
Statement of Marks Fee:Rs.	-----	
CAP Fee : Rs.	-----	
Passing Certificate Fee	-----	
Late Fee : Rs.	-----	
Total Fee : Rs.	-----	

CERTIFICATE

I certify that the above named candidate obtained the Degree of B.Pharmacy from the University of _____ in the year and he is a regular student of this College / Institute. The papers mentioned by the candidate are as per University rules and regulations. To the best of my knowledge and belief the entries made by the candidate in the application are correct. He / She has my permission to appear for examination for the subject for which he/she has applied.

Place : _____ Date : _____

Signature _____
(Guide of the Student)

Signature _____
(Direction / Principal Institute)

- Insert Number of Semester.
- If the Candidate has not passed the B.Pharm. Examination of the University the number and date of the Certificate of Eligibility which the applicant obtained for entering upon the course for this examination should be mentioned.

M_Pharm

Course No.	Title of the Subject
SEMESTER : I	
1.	
2.	
3.	
4.	
5.	
SEMESTER : II	
1.	
2.	
3.	
4.	
5.	
SEMESTER : III	
1.	
2.	
3.	
4.	
5.	
SEMESTER : IV	
1.	
2.	
3.	
4.	
5.	

Signature of the Candidate

Date : _____