



The Indian Pharmaceutical Association-Maharashtra State Branch's  
**BOMBAY COLLEGE OF PHARMACY**  
(Autonomous-Maharashtra State Govt. Aided Institute)  
(Affiliated to University of Mumbai / Approved by PCI/DTE)  
Kalina, Santacruz (East), Mumbai-400 098  
Website : [www.bcp.edu.in](http://www.bcp.edu.in)  
Email: [office@bcp.edu.in](mailto:office@bcp.edu.in) / [office.bcpindia@gmail.com](mailto:office.bcpindia@gmail.com)

PASSPORT  
SIZE  
PHOTO

**APPLICATION FORM FOR ADMISSION TO PH.D. (TECH) PROGRAM**  
**FOR THE ACADEMIC YEAR 20\_\_\_\_ - 20\_\_\_\_**

(Can be filled in legible handwriting, scanned, and submitted or can be filled electronically and submit as PDF)

**A. Personal Details : (Capital Letters Only)**

|    |  |            |                  |           |
|----|--|------------|------------------|-----------|
| 1. | Candidate Name                           | First Name | Middle Name      | Last Name |
|    |  |            |                  |           |
|    | Father's Name                            |            |                  |           |
|    | Mother's Name                            |            |                  |           |
| 2. | Date of Birth                            |            | Place of Birth : |           |
| 3. | Current Address with Pin code            |            |                  |           |
| 4. | Address for correspondence with Pin code |            |                  |           |

5. Mobile No.: \_\_\_\_\_ 6. Whats App No.: \_\_\_\_\_  
7. Email id : \_\_\_\_\_ 8. Alternet e-mail id: \_\_\_\_\_  
9. Nationality : \_\_\_\_\_ 10. Category : \_\_\_\_\_

**B. Are you Currently working ( Provide details of the organization where working)**

**C. Are you applying for Industry Sponsored Seat (Yes/No)** \_\_\_\_\_

**D. Academic Details :**

1. Have you qualified / GPAT or Passed PET examination of University of Mumbai (Yes/No) \_\_\_\_\_
2. Specify the examination qualified /passed and year of passing : \_\_\_\_\_
3. GPAT/PET : Score (Percentile or Marks Obtained/Total Marks): \_\_\_\_\_
4. M. Pharm Specialization : \_\_\_\_\_
5. Provide Preference of Subject (Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy in which to pursue your Ph.D. (Tech)  
(if you do not wish to be consider for any other subject other than your first choice put--- against the other preference numbers)  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

## 6. Details of M. Pharm Examination

| Particulars                    | M. Pharm |
|--------------------------------|----------|
| Year of Passing                |          |
| Class Obtained                 |          |
| Marks Obtained / Total Marks   |          |
| % / CGPA                       |          |
| Name of the College            |          |
| Name of the University         |          |
| Any other Special achievements |          |

### Declaration by the Candidate

I, \_\_\_\_\_ declare that the particulars furnished by me in this application form are correct. I undertake to pay the fees, charges etc. which the college / University may levy from time to time by due date and in the event of failure on my part/ the Principal of the college may take action against me as deemed fit.

Date : \_\_\_\_\_

Name & Signature of the Candidate

Documents to be submitted with the application form :

| Sr. No. | Name of the documents  | Whether attached with the application (Yes/ No/ Not Applicable) |
|---------|--|---|
| 1.      | M. Pharm (Sem I and Sem II Marksheet)  |   |
| 2.      | M. Pharm Consolidated Marksheet  |   |
| 3.      | M. Pharm Degree Certificate / Passing Certificate  |   |
| 4.      | GPAT/PET Qualifying / Passing Certificate/ Score Card  |   |
| 5.      | Transference Certificate   |   |
| 6.      | Migration Certificate  |   |
| 7.      | Caste Certificate (if applicable)  |   |
| 8.      | Caste Validity Certificate (if applicable)   |   |
| 9.      | Non-Creamy layer Certificate (if applicable)   |   |
| 10.     | GAP Certificate (if applicable)  |   |
| 11.     | NOC From Industry (Only for Industry Sponsored Seat) (if applicable)   |   |
| 12.     | Relieving letter for earlier organization / academic institution [ to be submitted before joining for Ph.D. (Tech), if selected] (if applicable) |   |

Date : \_\_\_\_\_

Name & Signature of the Candidate