



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

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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. Altnet e-mail id: _____
9. Nationality : _____ 10. Category : SC/ST/VJDT/NT1/NT2/NT3/OBC/SBC/EWS/OPEN

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 SLET/NET/SET/JRF/GPAT/GATE or PET examination conducted such bodies as CSIR/UGC/ICAR/ICMR/DBT/DST/ICSSR (Yes/No) _____

2. Specify the examination qualified /passed and year of passing : _____

3. 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 considered for any other subject other than your first choice please put ---NA-- 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/ Leaving 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