



GIRIJANANDA CHOWDHURY INSTITUTE OF PHARMACEUTICAL SCIENCE (GIPS)

(A unit of Shrimanta Shankar Academy)

Azara, Hatkhowapara, N.H.-37, Guwahati- 781017.

APPLICATION FORM

(SESSION – 20____ - 20____)

(Admission sought in: B.Pharm / M.Pharm)

Affix your recent passport Photograph

1. Name of the applicant in :
full (in block letters)

2. Sex (M/F) :

3. Date of Birth :

4. Father’s Name :

5. Mother’s Name :

5. Mailing Address :
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.....
.....

6. Permanent Address :
.....
.....

7. Contact Address :
: **STD code** **Phone No.**.....
Mobile No.....
E-mail ID

8. Nationality:

13. Proficiency in Co- curricular activities

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14. Checklist of documents (originals and / or Copies)

1	Four copies of stamp size color recent photographs.	Submitted / Not submitted	Remark
2	For candidate wearing glasses- a recent certificate stating the power of the glasses	Submitted / Not submitted	
3	Admit card of H.S (10 + 2) Eqvt. Examination (original & Xerox Copy	Produced / Not Produced	
4	Attached medical history record with the signature and stamp from a registered medical practitioner	Produced / Not Produced	
5	Migration Certificate (for those who are already registered in any other university / Board other than AHSEC)	Submitted / Not submitted	
6	Character certificate from the Head of the Institute last attended in Original & Xerox copy	Submitted / Not submitted	
7	HSLC pass certificate as proof of age (original & Xerox copies)	Submitted / Not submitted	
8	Higher Secondary examination pass certificate (original & Xerox Copy)	Submitted / Not submitted	
9	Marksheet of HSLC Exam (original & Xerox copy)	Submitted / Not submitted	
10	Marksheet of HS examination (original and Xerox copy)	Submitted / Not submitted	
11	Marksheet of B.Pharm. examination (original and Xerox copy) *For M.Pharm Candidates	Submitted / Not submitted	

DECLARATION BY THE APPLICANT

I declare that the above entries in the form have been filled up in my own handwriting and the entries made are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement is proved to be false then the Authority shall have the right to take legal action against me for submitting false information or statement.

I do further declare that:

- a) There is no allegation of misconduct against me and I have never been convicted for any offence involving moral turpitude.
- b) I shall strictly abide by the uniform code throughout my studentship in the college.

Full Signature of the Applicant

Place

Date

DECLARATION BY PARENT/GUARDIAN

I, Sri/Smt....., the Father/Mother/Guardian of the candidate Sri/Smt..... do hereby declare that in the event of my Son/ Daughter / Ward being admitted in Girijananda Chowdhury Institute Pharmaceutical Science, Hatkhowapara, Azara, Guwahati, I shall be responsible for his/her conduct and undertake to pay his/her college dues and other expenses during his/her studentship in the college. I also undertake to withdraw him/her from the college, should authorities concerned decide that such withdrawal is necessary in the interest of the college or in the event of inability to pay his/her college dues in time or due to his/her unsatisfactory result and attendance and conduct after clearance of all his/her dues if any and without claiming any compensation from the college authorities.

I further declare that there is no allegation of misconduct against my son/daughter/ward and he/she has never been convicted for any offence involving moral turpitude.

I further declare that if any statement is proved to be false then the authority shall have the right to take legal action against me and my son/daughter for submitting false information and statements.

I certify that the particulars stated in this application by my son/daughter/ward are true to the best of my knowledge and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

Signature of the Parent/Guardian

Place

Date.....

NOTE:

1. Candidates will be required to produce the original certificates and mark-sheets as also any other relevant documents at the time of counseling and admission.
 2. Application for admission along with attested copies of certificates, mark-sheets and other relevant documents are to be submitted to the Principal, GIPS (A unit of Shrimanta Shankar Academy), Hatkhowapara, Azara, NH-37, Guwahati-781017. Phone (0361) 2843620/2843405
 3. Incomplete application forms will be liable to rejection.
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For Office Use Only

1. The candidate has paid the admission, hostel and other fees amounting a sum of Rs. _____ (Rupees _____) in Cash/Demand Draft (D.D. No. _____ dated. _____) Vide receipt No. _____ dated _____.

Signature of the Cashier

With date & Stamp

2. The student has been **provisionally admitted** / **admitted** in _____ on this date _____ 20____.
3. Class / Roll No. G 20 --- /

.....
Signature of Authorized officer

GIPS, Guwahati.

.....
PRINCIPAL

GIPS, Guwahati.

Date.....

(This part is to be submitted during admission time)

MEDICAL HISTORY RECORD

1. Name of the applicant (Mr./Ms) :
2. Age :
3. Sex – M/F :
4. Height (cm) :
5. Body weight (Kg) :
6. Vision/Eye sight :
7. Hearing :
8. Blood Pressure & Pulse rate :
9. Blood group :
10. Blood, stool & urine
(Routine Examination) :
11. History of any chronic diseases like- Epilepsy, TB etc ---- YES/NO
If yes—Give details:
-
12. Drug allergy ---- YES/NO
If yes—Give details:
-
13. History of drug abuse---- YES/NO
If yes—Give details:
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14. Have you donated your blood recently? YES/NO
If yes—mention the date.

Signature of the Applicant

Signature of the Medical Practitioner
with registration number and seal



**GIRI JANANDA CHOWDHURY INSTITUTE OF PHARMACEUTICAL
SCIENCE**

HATHKHOWAPARA, AZARA, GUWAHATI-17

ACKNOWLEDGEMENT

Name:

Address:.....

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Application Form No.:

Date:

.....
Receiver's signature

With date & Stamp