



# Aurosri Institute of Pharmaceutical Education and Research

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(Approved by Pharmacy Council of India, New Delhi and Odisha State Board of Pharmacy, Bhubaneswar)  
New Campus: Kadei, Uchhapada, Tangi, Cuttack, Pin- 754022, Odisha

**FOR OFFICE USE ONLY**

Application No:

Stage-1

Stage -2

Stage -3

Stage -4

**APPLICATION FORM FOR D.PHARM ADMISSION**

(to be filled by Candidate only)

Passport  
Photo

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

2. Date of Birth (As recorded in H.S.C. Certificate) : \_\_\_\_\_

3. Nationality : \_\_\_\_\_

4. Sex : \_\_\_\_\_ 5. Marital Status: \_\_\_\_\_

6. Name of father (Guardian) : \_\_\_\_\_

7. Permanent Address : \_\_\_\_\_

Mob. No. \_\_\_\_\_ / \_\_\_\_\_

E-mail: \_\_\_\_\_

8. Present Address (For Correspondence) : \_\_\_\_\_

Mob. No. \_\_\_\_\_ / \_\_\_\_\_

E-mail: \_\_\_\_\_

**9. Examinations detail from 10<sup>th</sup> Board onward**

Name of the Examinations	Name of the School or College	Name of the Board Council/ University	Total Marks obtained/Total Marks	Percentage obtained	Year of Passing

## **10. 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 Science or equivalent) Yes/No
- iii) Attested copy of Mark sheet 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) Attested copy of certificates in support of category claimed. \*(SC/ST/PH/GC/NRI)Yes/No
- vii) Attested copy of residential/nativity certificate for candidates who claim as permanent resident of Orissa. Yes/No
- viii) One self addressed envelop affixed with stamp worth Rs.5/- for communication. Yes/No

## **UNDERTAKING**

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:**