



FATHER MULLER COLLEGE OF PHARMACEUTICAL SCIENCES

(A Unit of Father Muller Charitable Institutions)
University Road, Deralakatte, Mangaluru – 575018
Affiliated to Rajiv Gandhi University of Health Sciences

Phone: 0824 – 2202430, 9141151955

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APPLICATION FORM FOR ADMISSION TO D.PHARM COURSE FOR THE YEAR 20 - 20

Instructions:

1. Fill in the form in your own handwriting
2. Use only **BLOCK LETTERS**
3. Read the Bulletin of Information carefully before filling up the form
4. Incomplete Application forms will be rejected without any prior information

Affix here your
latest Photograph

DETAILS OF THE APPLICANT

1. Name of the Applicant : _____
(as in the S.S.L.C/X Std Certificate)
2. Date of Birth : DD / MM / YYYY
3. Age : _____ (in years)
4. Gender : _____
5. Religion : _____
6. Caste : _____
7. Category (Please mention your category i.e. General/SC/ST/OBC/others : _____
8. Seat Type (mark ✓) : Management/ Government
9. Mother Tongue : _____
10. Blood group : _____
11. Aadhar No. : _____
12. PAN No. : _____
13. Applicant's E-mail ID : _____
14. Applicant's mobile No. : _____
15. Address:

Present Address	Permanent Address
_____	_____
_____	_____
City : _____	City : _____
District : _____ State: _____	District : _____ State: _____
Pin code : _____	Pin code : _____
Res Ph. No.: _____	Res Ph. No.: _____
16. Indicate if N.R.I (Non Resident Indians) Seat is desired (mark ✓) : Yes / No
17. Hostel Accommodation (mark ✓) : Yes / No

DETAILS OF THE PARENTS

18. Fathers Name : _____ Age : _____ (in years)
Qualification : _____ Occupation : _____ Designation : _____
Monthly Income : _____
Phone : _____ Mobile : _____
Email ID : _____
19. Mothers Name : _____ Age : _____ (in years)
Qualification : _____ Occupation : _____ Designation : _____
Monthly Income : _____
Phone : _____ Mobile : _____
Email ID : _____

ACADEMIC RECORD

1. S.S.L.C (X STD)

Name of the School : _____
Register No. : _____ Month & Year of passing : _____
Board : _____ No. of Attempts : _____

Name of the subject	Maximum marks	Marks obtained
Grand Total		

% mark obtained : _____ Class secured : _____

2. PUC (XII STD)

Name of the College : _____
Register No. : _____ Month & Year of passing : _____
Board : _____ No. of Attempts : _____

Name of the subject	Maximum marks	Marks obtained
Physics		
Chemistry		
Mathematics		
Biology		
Other (if not taken mathematics or biology)		
Grand Total		

% mark obtained : _____ Class secured : _____

3. Details of the Enclosed Certificate :

Please tick (✓) which is applicable.

- | | |
|---|-----|
| 1. Secondary School (S.S.L.C) Marks Sheet | () |
| 2. Senior School (P.U.C/+2 Class) Marks Sheet | () |
| 3. Transfer Certificate from the Head of the Institution last studied | () |
| 4. Conduct Certificate from the Head of the Institution last attended | () |
| 5. Migration Certificate (Non Karnataka students only) | () |
| 6. Copy of the Aadhar Card | () |
| 7. Six (6) Passport size photographs | () |

Note :

- Mention the total number of enclosed certificates/ documents relating to above ()
- All the certificates should bear the same name, as per S.S.L.C/X Std certificate
- All the Copies of Certificate and Testimonials are to be attested by a **Gazetted Officer/ Head Master or Principal.**
- Application accompanied by the above mentioned certificate only will be considered

CO-CURRICULAR ACTIVITIES

Indicate prize won / represented the School / College / University. Attach supporting documents/certificates.

Name of the activity : _____ Document attached (mark ✓) : Yes/No

UNDERTAKING

1. I hereby solemnly affirm that the statements made and the information furnished in my son's/ daughter's / wards application form and also in the enclosures thereto submitted by him/her are true.
2. I have read the Prospectus and I am aware of rules and regulations of the College and agree to abide by the said rules and regulations including code of conduct.
3. I am aware that the Admissions made are provisional and subject to the approval by the Rajiv Gandhi University of Health Sciences and Apex Body/NCH.

Signature of Parent/ Guardian

Signature of the Applicant

Date : _____

Place : _____