

Proforma for the application :

Government of West Bengal
Directorate of Health Services

Application for admission into Diploma Course in Pharmacy
for the Session of 2014-2015

To
The Principal,
Institute of Pharmacy,
Kalyani,
P.O. Kalyani, Dist-Nadia,
Pin-741235

Stamp size
photo of
the
candidate
(duly
attested)

- 1) Full Name of the applicant according to Madhyamik or Eqv. Examination (In Block Letters) :.....
- 2) Father's /Husband's Name (In Block Letters) :.....
- 3) Mother's Name (In Block Letters) :
- 4) Address for communication :.....
District :.....
Pin Code :.....
Tel. No./Mobile No. :
- 5) Permanent Address :
- 6) Date of Birth :.....
- 7) Age as on 01.06.2014:yearmonth.....day
- 8) Whether Resident of West Bengal a) Permanent . Yes/No
- 9) Whether belongs to SC/ST/Other Backward Class : Yes/No
- 10) Whether Physically Handicapped : Yes/No
- 11) Particulars of H.S.(10+2) or Equivalent Examination (Science Stream):
 - a) Name of the Examination passed
 - b) Name of the Board/Council
 - c) Registration No. of the Board / Council of H.S. or equiv. Exam.
 - d) Total Marks obtained% of marks
 - e) Total marks obtained in Physics, Chemistry & Mathematics and % of marks
 - f) Total marks obtained in Physics, Chemistry & Biology and % of marks

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11) **Declaration**

All the above statements given by me are true to the best of my knowledge and belief. If any statement is considered to be false or half-true, my candidature is liable to be cancelled without any notice.

Place :

Full Signature of the candidate

Date :

Residential Certificate

This is to certify that Sri / Smt. _____ Son / Daughter of _____ is a permanent resident of West Bengal. His / Her parents are permanent resident of West Bengal.

Signature with Seal

Medical Fitness Certificate

This is to certify that Sri / Smt. _____ Son / Daughter of _____ is thoroughly examined by me. He/She has no bodily defect or mental infirmity except _____ likely to incapacitate him / her in near future to continue his / her study in Diploma in Pharmacy.

Signature with Regn. No. (W.B.M.C.) & / Seal

Certificate issued by a Registered Eye Specialist

This is to certify that Sri / Smt. _____ Son / Daughter of _____ is examined by me. He / she has normal acuity of vision (with / without glass / lense). He / She has no colour blindness.

Signature with Regn. No. & / Seal