



BHARATI VIDYAPEETH'S
COLLEGE OF PHARMACY, NAVI MUMBAI
Sector 8, C.B.D. Belapur, Navi Mumbai 400614
Tel: 022 27571122, website: www.bvcop.in

FULL TIME Ph.D. (TECHNOLOGY)

PROGRAMME IN

PHARMACEUTICS/PHARMACEUTICAL CHEMISTRY

FOR THE ACADEMIC YEAR

2024-2025

Application Form

**APPLICATION FORM FOR ADMISSION TO Ph.D. (Technology)
In
Pharmaceutics/Pharmaceutical Chemistry**

PLEASE READ THE INSTRUCTIONS BEFORE FILLING THIS FORM

Candidate Information

1.	Full Name in Capital Letters	
2.	Date of Birth	
3.	Full Name of Father/ Guardian	
4.	Guardian's relation with Applicant	
5.	Permanent Address	
6.	Present Address (for Communication)	
7.	Mobile No.	
8.	Email ID	
9.	Do you belong to Reserved Category (SC/ST/DT/NT) If yes, specify the category	
10.	Score in the PET/GPAT/Other equivalent examination	
11.	Year and Month of qualifying PET/GPAT/Other equivalent examination	

12.	Qualification (Post Graduate Degree) and Percentage of Marks obtained.			
13.	Have you passed the Final Post Graduate Degree Examination in first attempt			
14.	Name of Institution and University from which Post Graduate degree is obtained			
15.	Month and Year of passing Post Graduate Degree Examination			
16.	Marks obtained in Post Graduate Degree Examination			
	Semester	Marks Obtained	Grand Total (Out of)	Overall % or CGPA/SGPA Class obtained
	Ist Year			
	IInd Year			
	Marks obtained in Undergraduate Graduate Degree Examination			
	Semester	Marks Obtained	Grand Total (Out of)	Overall % or CGPA/SGPA Class obtained
	Ist Year			
	IInd Year			
	III rd Year			
	Final Year			

17.	Details of Professional Experience		
Sr. No.	Name of the Industry/ Organization /Institution	Period of Working	
		From	To
1			
2			
3			
4			
5			
6			
18.	Address of Present Employer:		
19.	Telephone No. with std code		
20.	Copies of the following certificates should be attached strictly in order given below. (Tick <input type="checkbox"/> against the certificates attached)		
	Post Graduate Degree Passing Certificate		
	Statement of marks of Post Graduate Degree exam. (of all years/semesters)		
	Post Graduate Degree Leaving Certificate		
	Statement of marks at Degree exam. (of all years/semesters)		
	GATE/GPAT/PET/Other equivalent score card (whichever is applicable)		
	University approval letter for exemption of PET/ Gate		
	Experience Certificate		
	Certificate or any proof of Indian Nationality		
	Institution Leaving Certificate : (After qualifying examination)		
	Caste Certificate for SC/ST/DT/NT (From competent authority)		
	Caste Validity [wherever applicable]		

	Eligibility Certificate [wherever applicable]	
	Migration Certificate [wherever applicable]	
	Two Passport size photos	
Note: All the students are required to submit attested Xerox copies in three sets mentioned for above documents.		

DECLARATION BY CANDIDATE

I _____ (Name) hereby declare that :

- i. I have read all the Instructions before filling in this form of application for admission to Ph. D. programme during the current year.
I have also read carefully the Univeristy of Mumbai ordinances and rules in context of admission for Ph.D. program to colleges affiliated to University of Mumbai.
- ii. The information given by me in my application is true to the best of my knowledge and belief.
- iii. I have not been debarred from appearing at any examination held by Government, constituted or statutory examination authority in India.
- iv. I understand that no other document, other than those attached to the application form will be entertained for the purpose of admission.
- v. I hereby agree to confirm to any rules, acts and laws enacted by Government and I hereby undertake that so long as I am a student of the college, I will do nothing either inside or outside the college which may result in disciplinary action against me.
- vi. I fully understand that the Principal of the College where I may be admitted will have full liberty to expel/rusticate me from the college for any infringement of the rules of conduct and discipline prescribed by the College/University.

Place :

Date :

Signature of the Candidate

FOR OFFICE USE ONLY :
Application Accepted/Rejected
Reason(s) for Rejection

1.

2.

Scrutinized by

Checked By

NAME :

NAME :

SIGNATURE:

SIGNATURE:

DATE :

Signature of
Head of Dept/Incharge