

## ADVERTISEMENT

### CHATTRAPATI SHAHUJI MAHARAJ UNIVERSITY, KANPUR

Ref. No. CSJMU/R-CAMP/

/2012

DATE:

#### ADMISSION NOTICE

#### UNIVERSITY INSTITUTE OF PHARMACY

Applications on prescribed format available at [kanpuruniversity.org](http://kanpuruniversity.org), along with a DD of Rs. 400 in favour of Finance Officer, C.S.J.M. University payable at Kanpur are invited for admission to M.Pharm course at C.S.J.M. University Campus so as to reach the office of Head, University Institute of Pharmacy, C.S.J.M. University, Kanpur-208024 latest by 15.07.2012. Date of Interview for M.Pharm : 25.7.2012. The date of interview for B.Pharm will be displayed on website and will also be informed via e-mail.

COURSE	DURATION	ELIGIBILITY
M.Pharm. (Pharmaceutics)	2 years/ 4 semesters	B.Pharm with 60% marks from A.I.C.T.E/PCI/U.G.C. recognized University /Institutions. Preference will be given to GATE/GPAT qualified candidates. However, the University will not hold any liability for financial assistance/ scholarship for such candidates.
M.Pharm. (Pharmaceutical Chemistry)		
<b>Fee Structure / semester:</b> Tuition Fees: 15,000/ Lab/Project Fees: 20,000/ Development Fees: 5000/ Caution Money: 2500/ (one time, refundable)		
Applications on prescribed format along with DD of Rs. 150/ in favour of Finance Officer, C.S.J.M. University, Kanpur are also invited against lapsed seats to B.Pharm 1 <sup>st</sup> year & 2 <sup>nd</sup> year (lateral entry) in University Institute of Pharmacy, C.S.J.M.U, Kanpur after the admission procedure of UPSEE, Lucknow. The admissions against lapsed seats will be done on the basis of merit cum interview for session 2012-2013.		
Course	Duration of course	Eligibility
B.Pharm. 1 <sup>st</sup> year (1 <sup>st</sup> sem)	4 years	10+2 with minimum 50% marks in PCB/PCM
B.Pharm. 2 <sup>nd</sup> year (3 <sup>rd</sup> sem)	3 years	D.Pharm from PCI approved institute/college with minimum 60% marks

(Registrar)

University Institute of Pharmacy

**CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR-208024,**

**Email: uipcsjmu@gmail.com**

**APPLICATION FORM FOR M.PHARM./B.PHARM. 1<sup>st</sup> YEAR/B.PHARM 2<sup>nd</sup>  
YEAR(LATERAL ENTRY) ADMISSION**

Please fill the application form in CAPITAL LETTERS

Course: \_\_\_\_\_

**Particulars of the Applicant :**

Paste  
Attested  
Recent  
Photograph

1. Full Name (as in High School Certificate) \_\_\_\_\_
2. UPTU Roll No. \_\_\_\_\_
3. UPTU Rank \_\_\_\_\_
4. Father's Name: \_\_\_\_\_
5. Mother's Name: \_\_\_\_\_
6. Date of Birth: (DD/MM/YY) \_\_\_\_\_
7. Nationality: \_\_\_\_\_
8. Gender: Male/Female: \_\_\_\_\_
9. Domicile: \_\_\_\_\_
10. Profession of Father: \_\_\_\_\_
11. Profession of Mother: \_\_\_\_\_
12. Hostel Facility required: Girls/ Boys: Yes/No
13. Marital Status: Single/Married: \_\_\_\_\_
14. Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

15. Email address: \_\_\_\_\_

16. Telephone No.: Code: \_\_\_\_\_ No.: \_\_\_\_\_, Mob. \_\_\_\_\_

17. UPTU Fees receipt No. 1. \_\_\_\_\_ 2. \_\_\_\_\_

18. Ref. No. of Caste Certificate: \_\_\_\_\_

19. Ref. No. of income certificate: \_\_\_\_\_

20. Category: (SC/ST/OBC/GEN): \_\_\_\_\_

(Enclose certificate from the District Magistrate, if SC/ST/OBC, OBC candidate's certification should mention that he/she does not belong to the creamy layer as per GOI notification dated 08.09.93)

21. Educational Qualifications: Complete as applicable for M.Pharm./B.Pharm

(Enclose attested photocopies of marksheets/documents)

Examination Passed	University/Board	Year of Passing	Division/CGPA	% obtained	School/College Name	Subjects
High School/10 <sup>th</sup>						
Intermediate/12 <sup>th</sup>						
B.Pharm. 1 <sup>st</sup>						
B.Pharm. 2 <sup>nd</sup>						
B.Pharm. 3 <sup>rd</sup>						
B.Pharm. 4 <sup>th</sup>						
Any Other (Specify)						

Enclosures List: (Attested Photocopies)

Tick if attached

- |   |     |
|---|-----|
| 1. Pass Certificates of 10 <sup>th</sup> and 12 <sup>th</sup> | [ ] |
| 2. Mark sheet of 10 <sup>th</sup> & 12 <sup>th</sup>          | [ ] |
| 3. Marksheet of B.Pharm.                                      | [ ] |
| 4. Caste Certificate  | [ ] |
| 5. Income Certificate   | [ ] |

- |   |     |
|---|-----|
| <b>6. Domicile Certificate if any</b>           | [ ] |
| <b>7. Admission Form</b>                        | [ ] |
| <b>8. Medical Certificate</b>                   | [ ] |
| <b>9. Coloured Photocopy of UPTU Admit Card</b> | [ ] |
| <b>10. Photocopy of UPTU allotment letter</b>   | [ ] |

**UNDERTAKING BY THE CANDIDATE**

I am applying for admission in M.Pharm./ B.Pharm 1<sup>st</sup> / B.Pharm. 2<sup>nd</sup> (Lateral entry)Year Programme. I certify that the information furnished above is true to the best of my knowledge and belief. I understand that if anything is found false/incorrect at any stage, my candidature/admission to the course shall be cancelled without any refunds. If admitted to the course, I shall abide by all the rules and regulations of CSJM University, Kanpur.

I am aware that I have to submit the evidence criteria of passing final year intermediate at the time of admission, failing which I shall lose my claim for admission

Date\_\_\_\_\_

Place\_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Parents/Guardian

**IMPORTANT NOTES:**

1. The application form duly completed must be sent by registered post/Speed Post addressed to Head, University Institute of Pharmacy, C.S.J.M. University, Kalyanpur, Kanpur-208024.
2. Please ensure that your admission form is complete in every respect and each entry is filled. The incomplete application forms are liable to be rejected.