

# UNIVERSITY INSTITUTE OF PHARMACY


(PCI & AICTE Approved)

## C.S.J.M. UNIVERSITY, KANPUR

### ADMISSION NOTIFICATION

Advertisement No.: CSJMU/R-CAMP/ 565 /2016

dated:- 11/7/16

	<b>CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR</b> Ref. No. CSJMU/R-CAMP/ /2016 DATE:  Session 2016-2017	
Applications on prescribed format available at <a href="http://www.kanpuruniversity.org">www.kanpuruniversity.org</a> , along with a DD of Rs. 500 in favour of Finance Officer, C.S.J.M. University payable at Kanpur are invited for admission to M. Pharm./B.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 latest by 30.07.2016		
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.
B. Pharm. 2 <sup>nd</sup> year (lateral entry)	3 years/ 6 semester	D. Pharm. from PCI recognized Institute with minimum 60% marks in D. Pharm.
*B. Pharm. 1 <sup>st</sup> year	4 years/ 8 semester	10+2 (PCB/PCM) minimum 50% marks
* For admission to B. Pharm. (against lapsed seats after UPSEE-2016) Rules applicable as per State Govt.		

  
Registrar

  
08/7/16



# University Institute of Pharmacy

Chhatrapati Shahu Ji Maharaj University Kanpur-208024

Serial No. B.Pharm./2016/\_\_\_\_\_

## Application form for admission to B.Pharm programme

Session: 2016-2017

Year/Semester: \_\_\_\_\_

1. Name of applicant (In capital letters only )

2. Father's name

3. Mother's name

4. Date of Birth (In Words) \_\_\_\_\_

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5. Sex: Male  Female

6. Category: GEN  OBC  SC  ST

7. Are you resident of Uttar Pradesh: Yes  No

8. Address of Applicant (Permanent)



Pin No.

Email address: \_\_\_\_\_

Mobile No.

9. Address of Applicant (Corresponding)



Pin No.

Mobile No.

Academic Record:

Examination Qualified	Board/University	Name of School/Institute	Year	Marks Obtained/Max. Marks	% PCM/PCB
High school					
Intermediate					
Diploma (Pharmacy)					

10. Are you Physically Handicapped (If Yes Attached document) Yes  No

1. Declaration

I \_\_\_\_\_ S/o \_\_\_\_\_ declare that information furnished as information above by me is true and correct to the best of my knowledge and belief and that no related relevant information is concealed. If any discrepancy is observed at any stage. CSJMU will be free to cancel my candidature/selection. If I am found to to be involve in any kind of indisciplinary activities as deemed and decided as per the code of conduct. I shall be liable to be punished according to the decision of proctorial Board/ University rule.

Date:

Place:

(Signature of Student)

MC  
8/7/16



9. Academic Record:

Examination Qualified	Board/University	Name of School/Institute	Year	Marks Obtained/Max.Marks	%
High school					
Intermediate					
B.Pharm-I					
B.Pharm-II					
B.Pharm-III					
B.Pharm-IV					

10. Are you Physically Handicapped (If Yes Attached document) Yes  No

11. Declaration

I \_\_\_\_\_ S/o \_\_\_\_\_ declare that information furnished as information above by me is true and correct to the best of my knowledge and belief and that no related relevant information is concealed. If any discrepancy is observed at any stage. CSJMU will be free to cancel my candidature/selection. If I am found to be involve in any kind of indisciplinary activities as deemed and decided as per the code of conduct. I shall be liable to be punished according to the decision of proctorial Board/ University rule.

Date:

Place:

(Signature of Student)

MC  
8/7/16