



BOMBAY COLLEGE OF PHARMACY

(Autonomous Institute of University of Mumbai)

Approved by AICTE/PCI/DTE

Accredited by NBA for B. Pharm Program 2017-2022

Kalina, Santacruz (East), Mumbai-400098

Maharashtra, India

Website: www.bcp.edu.in

Passport Size
Photograph of the
candidate

APPLICATION FORM FOR ADMISSION TO Ph.D. (Tech) Program

(Can be filled in legible handwriting, scanned, and submitted or can be filled electronically and submitted as PDF)

A. Personal Details

1	Candidate Name (Capital Letters Only)	First Name	Middle Name	Last Name
	Father's Name			
	Mother's Name			
2.	Date and Place of Birth	DD/MM/YYYY		
3a	Address for Correspondence with Pin code			
3b	Current Address with Pin code			

4a. Mobile No: _____, 4b. WhatsApp No: _____

5a. Email id: _____, 5b. Alternate e mail id: _____

6. Nationality: _____

7a. Category (Reserved/General): _____

7b. If belonging to reserved category, Specify the category: _____

B. Are you Currently working (Provide details of the organization where working)

C. Are you applying for Industry Sponsored Seat (Yes/No): _____

B. Academic Details

1. Have you qualified GATE/GPAT or passed PET examination of University of Mumbai (Yes/No): _____

2. Specify the examination qualified/passed and year of passing: _____

3. GATE/GPAT/PET Score (Percentile or Marks Obtained/Total Marks): _____

4. M. Pharm Specialization: _____

5. Provide preference of subject (Pharmaceutics, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy) in which you wish to pursue your Ph.D (Tech).

(If you do not wish to be considered for any other subject other than your first choice, put ---- against the other preference numbers)

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

6. Details of B.Pharm/M.Pharm examination

Particulars	Name of the examination	
	B. Pharm	M.Pharm
Year of Passing		
Class Obtained		
Marks obtained / total Marks		
%/CGPA		
Name of the college		
Name of the University		
Any other special achievements		
Declaration by the Candidate		
I, _____, declare that the particulars furnished by me in this application form are correct. I undertake to pay the fees, charges etc. which the college/University may levy from time to time by due date and in the event of failure on my part/ the Principal of the college may take action against me as deemed fit.		
Date:	Name & Signature of the candidate	

Checklist of Documents to be submitted with the application form

Sr. No	Name of the document	Whether attached with the application (Yes/No/Not Applicable)
1.	M.Pharm (Sem I and Sem II Marksheet)	
2.	M.Pharm Consolidated Marksheet	
3.	M.Pharm Degree Certificate	
4.	GATE/GPAT/PET Qualifying/Passing Certificate/Score Card	
5.	Transfer Certificate	
6.	Migration Certificate	
7.	Caste Certificate	
8.	Caste Validity Certificate	
9.	Non-Creamy Layer Certificate	
10.	Gap Certificate	
11.	NOC from Industry (Only for Industry Sponsored Seat)	
12.	Relieving letter from earlier organization/academic institution [to be submitted before joining for Ph.D. (Tech), if selected]	

**Please specify if any document of the above is not available at the time of filling the application form but can be submitted in stipulated time.*

Date of Submission:

Name & Signature of the candidate