


UNIVERSITY INSTITUTE OF PHARMACY

C.S.J.M. UNIVERSITY, KANPUR

ADMISSION NOTIFICATION

Advertisement No.: CSJMU/R-CAMP/ 497 /2014

dated:- 11/06/2014

	CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR	
	Ref. No. CSJMU/R-CAMP/ /2014	DATE:
Session 2014-2015		
Applications on prescribed format available at www.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 latest by 21.07.2014		
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. (Pharm. Chemistry)		
* Application are also invited for admission to B. Pharm. (against lapsed seats after UPSEE-2014) and B. Pharm lateral entry to 2 nd year for D.Pharm holders as per details available on www.kanpuruniversity.org .		

Registrar



University Institute of Pharmacy
Chhatrapati Shahu Ji Maharaj University kanpur-208024

Serial No. B.Pharm./2014/_____

Application form for admission to B.Pharm programme

Session: 2014-2015

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 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)

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)

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