



J.B. INSTITUTE OF PHARMACY

"A unit of J. B. Foundation Trust"

Baghorbori to Satgaon Road, Ambari, Satgaon, Guwahati-781171

Form No.

Recognized by Pharmacy Council of India (PCI), Affiliated to Srimanta Sankardeva University of Health Sciences (SSUHS), Assam

APPLICATION FORM

Read the Instruction Carefully before filling the form
(Use Block Letters only)

Paste recent Passport Size
Coloured Photography

2. Name of the Applicant (As in School)

3. Father's Name:

Occupation :

Phone No.:-

4. Mother's Name:

Occupation :

Phone No.:-

5. Date of Birth 6. Nationality 7. Blood Group

8. Permanent Address:

District State

Pin Code Contact No.

9. Correspondence Address :

District State

Pin Code Contact No.

10. Gender Male Female 11. Resident Urban Rural

12. Category Gen OBC SC ST Others

13. E-mail ID:

Course Applied for : (i) D. Pharma (ii) B. Pharm

14. Details of Academic Qualification (From 10th Standard onwards). Enclosed Xerox copy of all the required testimonials

Exam. Passed	Board/University	Year of Passing	Marks Obtained	Result	% of Marks
10 th Pass					
12 th Pass					
Graduation					

15. A Percentage of Marks Obtaine in HSSLC (10+2) or Equivalent (Science) Exam.

Name of Exam	Percentage of Marks Secured in				Percentage of Marks in aggressive of	
	Physics	Chemistry	Biology	Maths	PCB	PCM
HSSLC or (10+2)						

16. Enclosures : Self attested

Sl No.	Name of Document	If Attached Tick
1.	Age Proof (Admit Card of Class - X)	
2.	Mark sheet of Class - X	
3.	Mark sheet of Class - XII	
4.	Pass Certificate of Class - XII	
5.	Pass Certificate of Class - X	
6.	Caste certificate (if any)	
7.	Permanent Residential certificate (PRC)	
8.	Passport size Coloured Photo - 6 copies	

DECLARATION BY THE CANDIDATE

I hereby declare that I have read and understood the eligibility criteria and have fulfilled the same as laid down in the Prospectus/Brocher. The information/documents furnished by me are correct to the best of my knowledge and belief. I shall submit any other information/documents that may be required in the future. I shall abide by existing rules and regulation of the institution as detailed in the Prospectus/ Brocher and agree to confirm to the rules and regulations that may hereafter be made for the governance of the Institution. I will do nothing either inside or outside the Institution that may make harm to the Institution.

Date :.....

Signature of the Candidate

DECLARATION BY THE PARENTS/GUARDIAN

In the event of my son/daughter/ward Mr./Miss. being admitted to the to the J.B. Institute of Pharmacy under J.B. Foundation Trust, Guwahati. I shall bear the responsibility of his/her course of study in the said Institution. I am aware that according to the rules of the Institution a minimum attendance of 80% is required in lectures and sessional on each subject of study.

I will withdraw my son/daughter/ward from the Institutions if his/her attendance, Progress or conduct are found unsatisfactory and also if he/she fails to clear the dues in time.

Details of Local Guardian

Name :.....

.....

Address :.....

Signature of the Parent/Guardian

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Relationship with the candidate.....

Relation :.....

occupation

Contact No. :.....

Date of Admission :..... Academic Session 20

Institution fee Paid Receipt No.: Date:.....