

QUALITY IMPROVEMENT PROGRAMME

Sponsored by
ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

APPLICATION FOR ADMISSION TO Ph. D. PROGRAMME IN PHARMACEUTICAL SCIENCES

Please read the Information Brochure carefully before filling in

Please affix your recent passport size photograph with your Signature across it.

1. Name															
2. Father's Name															
3. Name of the Dept															
College															
City / Town															
Pin Code															
4. Personal Data															
Date of Birth	DD		MM		YY										
Age															
Sex											(M / F)				
Category											(Gen /OBC/SC/ST)				
Physically Challenged											(Yes / No)				
E-mail Address															
Telephone No.	(O)					(Mob)									
Fax No. (Institute)															

5. **Academic Data:** Please list in following format on a separate sheet, details of your academic career starting from graduation (entering each semester/year separately) and attested copies of relevant mark sheets and certificates. Please convert the grades, wherever applicable, into percentage and write.

Exam Passed	University/Institute with address	Month/ Year of Completion	Branch/ Specialization	% Marks/ Percentile	Overall % of Marks of the entire course
X Std					
XII Std					
D. Pharm					
B. Pharm					
M. Pharm					

6. **Employment Data :** Please list in the following format on separate sheet the details of employment (including the present one) and attach attested copies of relevant certificate

Name of the Employer	Experience in Year of Months	Date of Joining	Date of Relieving	Designation

7. **Permanent Teaching Experience as on last date:** Please enclose a certificate from the Principal/Head of your Institution (Mention the subjects handled):
8. **QIP/AICTE/PCI Short term Courses Attended:** Please list on a separate sheet and enclose attested copies of relevant certificates.
9. **Research Papers:** Published in referred journals along with impact factor. Please list on a separate sheet and enclose a photo copy of each of the published papers.
10. **Industrial/ Research Experience:** Please list on a separate sheet and enclose copies of relevant certificates.
11. **Additional Academic Qualification Acquired/Special Distinctions/Awards etc:** Please list on a separate sheet and enclose copies of relevant certificates.
12. Distance of your institutions to the nearest QIP centre you preferred, is.....KM.
13. The duly filled in application form along with the data sheet, the check list and the enclosures should be sent to:

PRINCIPAL QIP COORDINATOR
Prof. P.K.Sahoo
 AICTE Principal Coordination Centre for QIP (Pharmacy)
 Delhi Institute of Pharmaceutical Sciences & Research (DIPSAR)
 Pushp Vihar, Sector-III, M.B. Road, New Delhi-110017

- 14. Candidate should submit the statement of purpose/letter of intent written in 500 words.
- 15. Candidate should write in 500 words about the research work he would like to pursue during his PhD.
- 16. Attach of one letter of recommendation.
- 17. **Declaration:**

- (a) I declare that all the information given by me in this application form is correct to the best of my knowledge and belief, and I understand that false or incomplete information would cause invalidation of the application.
- (b) I shall abide by the decision of the QIP Coordinators' committee for pharmacy in all matters pertaining to admissions; the decision of the committee shall be final and binding on me.
- (c) I shall abide by the rules and regulations of the institution to which I will be offered admission, if selected.
- (d) Out of the institutions offering admissions under QIP I shall never have any concern whatsoever of any purpose, with any institution other than the one in which I will be offered admission, if selected.
- (e) For all legal actions, suits and proceedings, the jurisdiction of a court of law shall be deemed to lie exclusively at the place at which the institution to which I am admitted (if selected) is situated or the place where the office of the Principal QIP Coordinator, is located for the time being as applicable, and at no other court or place.
- (f) I understand the contents of this form particularly this declaration being made here.

Place :

Date :

Signature of the Applicant

18. Forwarding Note of the Principal or Head of the Institution

This is to certify that:

- (a) Our Institution as well as the academic department, to which the applicant Mr./Ms.....belongs, are recognized by AICTE, AICTE Permanent Institute ID of our Institution is
- (b) Our Institute is Degree / Diploma level Institute
- (c) The applicant is a full time, regular/permanent employee of our Institution
- (d) The applicant has.....calendar years of total teaching experience at the graduate/diploma level (certificate enclosed), and that
- (e) The applicant will be relieved full time for the program and paid full salary and allowances during the tenure of his/her sponsorship, if selected for admission.
- (f) The institute would not ask the candidate to appear for the inspections of AICTE/PCI/NBA or any other during his tenure of study.
- (g) The applicant is working in our college since,(Years) (Months), teaching to D.Pharm. B.Pharm./ M. Pharm., Students in the following subjects
- (h) The applicants experience in the college is mentioned in AICTE, PCI and University inspection forms.

Date :

**Signature of the Principal/
Head of the Institution
(Office Seal)**

Note:

- (a) This forwarding Note should be signed only by the Principal or Head of the Institution (in case of private colleges after obtaining Permission from management)
- (b) Conditional recommendation will not be accepted.
- (c) Any alteration made in the forwarding note will lead to automatic rejection of the application.

19. Institutions and Disciplines to which admission is sought, in order of your preference (use codes given in the information Brochure)

	<u>Institution Code</u>	<u>Specialization</u>	
		<u>Choice-I</u>	<u>Choice-II</u>
I-Preference:	_____	_____	_____
II-Preference:	_____	_____	_____
III-Preference:	_____	_____	_____

Willing to undergo the study at any other institution, if selected: Yes No

CHECK LIST TO BE FILLED IN AND SENT ALONG WITH THE APPLICATION FORMS

Please tick in the box provided for the following items (as applicable to you), after ensuring that the necessary action is taken:

- AICTE EOA 2020-21
- Two sets of application
- Signature of the forwarding authority on the application and on the data sheet.
- Your signatures on the application and the data sheet enclosures.
- Attested copy of the prescribed caste certificate in case the candidate belongs to SC/ST category.
- Attested copy of the prescribed certificate in case the candidate belongs to physically challenged category.
- Separate listing of the academic data
- Attested copies of the certificate for the qualifying examination and other degrees.
- Attested copies of the marks lists for all years/semesters.
- Separate listing of the employment data and attested copies of the relevant certificates.
- Teaching experience certificate.
- Separate listing of short term courses attended and attested copies of the relevant certificates.
- Separate listing of the research publications and a copy of each paper.
- Separate listing of industrial/research experience and attested copies of the relevant certificate.
- Separate listing of the special distinctions/awards etc. and attested copies of the relevant certificates