



KLE University's College of Pharmacy

(Accredited by NBA – AICTE, New Delhi)

(A constituent unit of the KLE University, Belgaum - Established under section 3 of the UGC Act, 1956 vide Government of India. Notification No. F.9-19/2000-U.3(A))

P.B.NO. 1062, 2ND BLOCK, RAJAJINAGAR, BANGALORE - 560 010, KARNATAKA, INDIA.

Ph.No. 080-23325611 FAX No. : 080-23425373

E-mail : kleblr@bgl.vsnl.net.in Web : www.kleblrpharm.org



Passport size
Photograph

APPLICATION FOR ADMISSION TO M.PHARM COURSE

NO:.....

- Year of Admission:
(In block letters)
- Belonging to State:
(In block letters)
- Approved Speciality Subjects / Branches available Required Speciality Subject / Branch (Preference wise)
 - Pharmaceutical Technology First:.....
 - Pharmacology Second:.....
 - Pharmaceutical Chemistry Third:.....

PARTICULARS OF THE CANDIDATE

- Name of the applicant in full:
(In block letters as entered in previous marks card)
Son / Daughter of:.....
- Name of the Parent/ Guardian & Permanent Address in full:.....
.....
.....
- Local Address & Phone No:.....
.....
.....
- Date of Birth: Male Female Age:
- Place of Birth:..... Married Unmarried
- Nationality:..... Religion / Caste:.....
- Whether Belongs to SC / ST / OBC etc.
- Occupation of Father / Guardian:..... Annual Income:.....
- Date of joining the 1st B.Pharm Course & Name of the College & Address:.....
.....
.....
- Date of completion of B.Pharm Course & No. of years taken to complete B.Pharm Course:

11. Name of the University & Address:.....

12. ACADEMIC INFORMATION

| Examinations passed | Month & Year of passing | Exam Reg. No | Max. Marks | Min. Marks | Marks Obtained | Total No. of Attempts |
|-------------------------|-------------------------|--------------|------------|------------|----------------|-----------------------|
| 1 st B.Pharm | | | | | | |
| 2 nd B.Pharm | | | | | | |
| 3 rd B.Pharm | | | | | | |
| 4 th B.Pharm | | | | | | |
| Total Marks | | | | | | |

Total Marks of all 4 years:.....Out of:..... Agg. Percentag:.....%

13. Particulars of Industrial Training done in detail:.....

14. Experience if any:.....

15. Is the candidate employed ? If so Name & Address of Employer & Particulars of Service:.....

16. Name & Address of Two References:

1):.....

2):.....

I declare that the above information is true & correct. Documents produced are genuine

Place:..... Signature of the Applicant:.....
 Date:..... Name:.....

[For Office Use Only]

Mr. / Ms.

 is admitted to the M.Pharm Course in:

PRINCIPAL
 KLEU's College of Pharmacy, Bangalore

College Fees Rs:.....Other Fees Rs:.....
 Receipt No: Date:.....Receipt No:Date:.....