



# Bengal Institute of Pharmaceutical Sciences

State Pharmacopoeial Laboratory and Pharmacy for Indian Medicine Campus, Kalyani, Nadia, West Bengal, India

APPLICATION FOR ADMISSION IN POST GRADUATE DEGREE COURSE IN MASTER OF PHARMACY (AYURVEDA)  
Affiliated to Jadavpur University & Conducted by Bengal Institute of Pharmaceutical Sciences, Kalyani, Nadia

**(TO BE FILLED IN BLOCK LETTERS)**

Affix a recent  
Passport-size  
Photograph duly  
signed by the  
applicant

1. Applicant's Name .....
2. Address in full
  - a) Permanent .....
  - b) Present .....
  - c) Phone No ..... d) E-mail .....
3. Father's Name .....
4. Mother's Name .....
5. Guardian's Name & Address .....
6. Relationship with Guardian .....
7. Occupation of Father /Mother /Guardian .....
8. Applicants annual family income .....
9. DOB (as in school leaving certificate)..... Sex .....
10. Whether ST/SC/ OBC/PD (Please tick whichever is applicable).....
11. Place of Birth .....

12. Mother Tongue ..... 13. Nationality ..... 14. Religion .....

15. Record of complete academic career starting from Secondary or Equivalent (Copy of to be attached with application form)

Year of Passing	Exam. Passed	Board /University	Marks Obtained	Division

16. Whether the applicant is a student of Jadavpur University: Yes/No If Yes, the University Registration No .....

Of ..... Present Department .....

17. Hostel Accommodation Required:..... Yes /No

18. Name of University & Registration No .....

**Declaration:**

**I shall obey the rules & regulations of the institute and the institutional hostel.**

**I shall not take part in any subversive activities including ragging in any form in the institute campus or the in the hostel or anywhere at Kalyani or outside anytime during my stay at the Institute.**

**If I involve in any type of subversive activities the institute authority alone or in consultation with local administration may take any type of disciplinary action as per prevailing rules & regulations of the college.**

**I also agree to pay college installments/hostel fees on time. If I fail to pay the institutional /hostel fees for consistently 2 months/2 installments I shall be liable to be struck off from the college role.**

**All the information furnished here are true to the best of my knowledge & believe.**

.....  
(Countersigned by Guardian )

.....  
(Signature of Student in Full)

## UNDERTAKING BY THE CANDIDATE/STUDENT OF BIPS, KALYANI

1. I, .....  
S/o., D/o., Mr./Mrs., Ms. ....  
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State government in this regard.
2. I have received a copy of the UGC regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 and have carefully gone through it.
3. I hereby undertake that
  - I will not indulge in any behaviour or act that may come under the definition of ragging.
  - I will not participate in or propagate ragging in any form.
  - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the USG Regulations mentioned above and/or as per the law in force.
5. I hereby affirm that I have not been expelled from admission by any institution.

Signed this ..... day of ..... month of ..... year.....

.....  
Signature of the Candidate

Name : .....

Address .....

---

## UNDERTAKING BY PARENT/GURDIAN

1. I,.....  
F/o., M/o., G/o., ..... have carefully read and fully understood the law prohibiting and the directions of the Supreme Court and Central/State Government in this regard as well as the UGC Regulations on Curbing the Menace of ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the UGC Regulations mentioned above and/or as per the law in force.

Signed this ..... day of ..... month of ..... year.....

.....  
Signature of the Gurdian

Name : .....

Address .....

# MEDICAL CERTIFICATE

BE SUBMITTED ALONG WITH APPLICATION FOR ADMISSION IN B. PHARM (AYU) / M. PHARM (AYU) COURSE

## SESSION

Name of the Candidate : .....

Guardian's Name : .....

Address : .....

Mark of Identification : .....

Measurements                      Height .....cm.    Weight .....

   Chest : Normal .....cm.    Extension .....

Eye Sight (re-ye/Le-ye) : .....

Vaccination condition : .....

General Physique : .....

Heart : .....

Lungs : .....

Abdominal viscera : .....

(Not about abdominal rings)

Malarial infections : .....

Mental Infirmity : .....

Constitutional infection : .....

Blood group : .....

Fit/Unfit for active outdoor : .....

Service at present/in future : .....

This ..... day of .....20

.....  
(Signature of the Student)

.....  
(Signature of regd. medical Practitioner)  
Regd. No. ....