



BENGAL INSTITUTE OF PHARMACENTICAL SCIENCES

JOINT VENTURE WITH DEPT. OF HEALTH & FW,

GOVERNMENT OF WEST BENGAL

SPLP IM Campus, Kalyani, Nadia, Pin - 741 235, W.B.

Affiliated to Jadavpur University

www.bipsindia.co.in

AFFIX RECENT
PASSPORT SIZE
COLOR PHOTOGRAPH

B-PHARM (Ayur)

M-PHARM (Ayur)

PERSONAL INFORMATION

(PLEASE FILL THE FORM IN BLOCK LETTERS ONLY)

NAME

FATHER'S NAME

MOTHER'S NAME

NATIONALITY

D.O.B.

DD

MM

YYYY

GENDER

MALE

FEMALE

CATEGORY

GENERAL

SC/ST

OBC

PH

PERMANENT ADDRESS

PRESENT ADDRESS

TELEPHONE NO.

Email ID

LOCAL GUARDIAN (IF ANY)

ADDRESS

TELEPHONE NO.

AVAILAING HOSTEL FACILITIES

YES

NO

Academic Information:

Qualification	Major Subject	Board/University	Year of Passing	% of Marks
Class X				
Class XII				
Others				

Documents Submitted: (Original & Attested Photocopies)

Application form duly filled in all respects should be submitted at our nearest centre within.....
Application form should be submitted in original only or can be downloaded from our website

Documents to be submitted with application form ; age proof certificate, adhar card, secondary exam result, 10+2 board result, B. Pharma [for M. Pharma] or BAMS result (all should be Self attested photocopies) and medical certificate.
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Declaration :

I shall obey the rules & regulations of the institute.

I shall not take part in any subversive activities including ragging in any form in the institute campus or anywhere at Kalyani 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 on time. If I fail to pay the institutional 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 and belief.

.....
(Countersigned by Parent / Guardian)

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

Date.....

.....Office use only.....

.....
(Admission Counsellor)

.....
(Admin-in-Charge)

Date.....



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I HAVE EXAMINED MR./MS.S/D OF MR.
.....A CANDIDATE FOR ADMISSION INTO BIPS, KALYANI.

1. PERSONAL MARK IDENTIFICATION.....
2. AGE: A. STATED.....YEARS.....MONTHS
 B. APPARENT.....YEARS.....MONTHS
3. CHEST MEASUREMENT:
 A. NORMAL.....CMS
 B. FULL INSPIRATION.....CMS
 C. FULL EXPIRATION.....CMS
4. HEIGHT.....M.....CMS.
5. WEIGHT.....KGS.
6. EYESIGHT; (VIDE NOTE BE BELOW): A. RIGHT EYE: B. LEFT EYE
7. VACCINAL CONDITION (ALL CANDIDATES MUST BE VACCINATED BEFORE JOINING):
8. GENERAL PHYSIQUE:
9. HEART:
10. LUNGS:
11. ABDOMINAL VISCERA:
12. CHOLERA INFECTION / INOCULATION:
13. TYPHOID INFECTION / INOCULATION:
14. MALARIA INFECTION:
15. BLOOD GROUP:

AND HEREBY CERTIFY THAT HE/SHE IS PHYSICALLY AND MENTALLY FIT EXCEPT.....
WHICH WILL CREATE NO HINDRANCE FOR THE ADMISSION TO THIS TYPE OF PROFESSIONAL COURSE.

PLACE: DATE:

REGISTRATION NO: SIGNATURE

(EYESIGHT STANDARD)

A. ALLOWABLE

1. MYOPIA OF MYOPIA ASTIGMATISM-CORRECTION NOT EXCEED INT 3.5D ACUTENESS OF VISION AFTER CORRECTION (A) 6/9 IN ONE EYE AND (B) 6/6 IN ANOTHER EYE.
2. HYPERMETRIOPIC NOT EXCEEDING 14D OR HYPERMETRIOPIC ASTIGMATISM-CORRECTION LENS NOT EXCEEDING 4D. ACUTENESS OF VISION AFTER CORRECTION - (A) 6/9 IN ONE EYE AND (B) 6/6 IN ANOTHER EYE.

B. DISQUALIFYING

1. DEFECTIVE VISION FROM ARISING NEBULA OF THE CORNEA OR ANY PATHOLOGICAL CONDITION OF THE DEEPER STRUCTURES.
2. COLOUR BLINDNESS (ACHROMATOPSIA)
3. PARALYSIS OF THE EXTERIOR MUSCLES OF THE EYE.