[APPENDIX – 1] PROFORMA TO BE ATTACHED WITH EVERY APPLICATION FOR D.PHARM CERTIFICATE

Fix passport size photo attested by Principal

1	NAME OF THE CANDIDATE (AS PER 10TH SSLC OR 12TH II PUC MARKS CARD ONLY)	- 3/2%
2	FATHER'S NAME	
	(AS PER 10TH SSLC OR 12TH II PUC MARKS	
	CARD ONLY, IF NOT INDICATED IN THE	
	MARKS CARDS MENTION IT AS PER SSLC TC)	
3	CANDIDATE'S PERMANENT	S 100
	POSTAL ADDRESS	
	×	
4	*	
4	NAME OF THE COLLEGE	
		8
5	REGISTER NO: PART I	
	PART II	
6	D.PHARM PART I EXAM	÷ ,
	COMPLETED IN (WRITE MONTH & YEAR)	* * * * * * * * * * * * * * * * * * * *
7	D.PHARM PART II EXAM	
	COMPLETED IN (WRITE MONTH & YEAR)	
8	NAME AND POSTAL ADDRESS OF	=
	THE INSTITUTION/ HOSPITAL/	
	ORGANISATION WHERE THE	*
	CANDIDATE UNDERWENT	
	TRAINING	
9	DRUG LICENCE NO. OF THE	
	FIRM/ORGANISATION	^ ,
10	NAME OF THE PROPRIETOR /	
	PARTNER OF THE	
	FIRM/ORGANISATION	
11	QUALIFIED PHARMACIST'S NAME	
	REGISTRATION NO. & THE STATE	
12	NO. OF QUALIFIED PHARMACISTS	
	AVAILABLE	
13	NO. OF STUDENTS BEING	
	TRAINED IN THAT PERIOD	
14	PERIOD OF TRAINING (IN HOURS)	HOURS
	SPREAD OVER (IN MONTHS)	MONTHS
	WRITE TRAINING PERIOD IN	FROM TO
-	DD/MM/YY	

Note: the above details are mandatory & to be filled by the candidate.

CANDIDATE'S SIGNATURE

I certify that the information given above is true and the signature of the student is attested.

DATE:	SIGNATURE OF THE PRINCIPAL WITH SEAL
FOR THE USE OF BEA ONLY	57
VERIFIED	
REMARKS:	