

Oriental Education Society's



ORIENTAL COLLEGE OF PHARMACY

Plot No.3,4,5 Sector No.2, Near Sanpada Railway Station, SANPADA (W), NAVI MUMBAI-400 705.

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(Approved by Pharmacy Council of India, Govt. of Maharashtra & Affiliated to University of Mumbai.)

E-mail: admin@ocp.edu.inwebsite: www.ocp.edu.in

[DTE CODE NO: PH 3231]

[UNIVERSITY CODE NO: 694]

LINGUISTICS MINORITY (HINDI) COLLEGE NAAC ACCRADIATION WITH "A" GRADE

ADMISSION APPLICATION FORM FOR Ph. D (Tech)

Academic Year: 2024-25

I wish to register myself for the admission to **Ph. D in subject Pharmaceutics.**

Paste photo

Whether admitted YES / NO Provisional Confirmed

Any Fellowship available YES / NO

Name of Fellowship

Receiving Date _____

Receiver Signature

Signature of Principal

NAME

Last Name	First Name	Father/Husband's Name

ACADEMIC BANK OF CREDIT (ABC) ID :

PAN Card No. _____ Gender: Male Female Student Adhar Card No:

Students

Date of Birth:

DD MM YYYY

Blood Group: _____ Identification Mark on Body: _____

Nationality: _____ Domicile: _____

Residential Address: _____

City: _____ State: _____ Pin code: _____

Contact Details:

Tel No: _____ Cell No: _____ Email: _____

Category:

Open	SC	ST	OBC	VJ	DT	NT1	NT2	NT3	Hindi Speaking Minority	Other
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Physically Handicapped: Yes No

Major Illness if any: _____

Marital Status: Married Unmarried

GPAT Score and Year of Passing: _____

Academic Record:

Examination	Board /Name of University	Month & Year of Passing	Marks Obtained (%)	Maximum Marks	% Marks	Class	Name and address of College/ Institute
S.S.C							
H.S.C. or Equivalent							
B.Pharmacy							
M.Pharmacy							

- Any other /PET (Attested copies of all Statement of marks)

Account for academic break (if any) _____

Research/Academic/Industrial Experience (if any)(mention position held, period and Organization, Institute)

No.	Position Held	Period		Organization
		From	To	

Publication & Presentation (if any) (Attach reprints): Paper Book Presentation Patent

Other outstanding achievements, (if any):- _____

Declaration:

I have read all instruction regarding Ph.D admission in Oriental College of Pharmacy carefully, before filling this form. The information given above is true, complete and correct to the best of my knowledge and belief. IN the event of any information being found false or incorrect, my admission may be cancelled without any notice. If admitted, I shall abide by all the rules, regulation and discipline of the Institute. I shall not involve myself in any ragging or anti-social activities which will not only tarnish my own record but also the institute's image and if I come to know any such incidence, I shall report it to the authorities. I will also submit the undertaking regarding the anti-ragging measures, once admitted.

Place _____

Date _____

Signature of Applicant

