



**Application for**  
**Diploma in Pharmacy (D.Pharm)**  
(A unit of Nitte Education Trust)  
**Year 2019-20**

Affix recent  
35mm x 45mm  
size photo  
with white  
background

**Nitte Gulabi Shetty Memorial Institute of Pharmaceutical Sciences**

Please complete all sections of the form. Read the guidance notes before completing the form

**Status :**  **General**  **NRI**  **Foreign National**

**A. PERSONAL DATA**

**Name:** (As per the class X certificate)

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\_\_\_\_\_  
Gender (M/F/TG)

\_\_\_\_\_  
Date of birth(dd/mm/yy)

\_\_\_\_\_  
Mother Tongue

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Country of Permanent Residence

\_\_\_\_\_  
State of Domicile

\_\_\_\_\_  
Do you belong to  
SC/ST/OBC/Category1

\_\_\_\_\_  
Any other caste (specify)

\_\_\_\_\_  
Blood Group

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Annual income

\_\_\_\_\_  
Mother's name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Annual income

**B. CONTACT DETAILS:**

**Current address for correspondence**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin\_\_\_\_\_

District\_\_\_\_\_

State\_\_\_\_\_

Country\_\_\_\_\_

Telephone (with code)

\_\_\_\_\_

Father's Mobile Number

\_\_\_\_\_

Student's Mobile Number

\_\_\_\_\_

Father's / Mother's Email ID

\_\_\_\_\_

**Permanent address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin\_\_\_\_\_

District\_\_\_\_\_

State\_\_\_\_\_

Country\_\_\_\_\_

Telephone (with code)

\_\_\_\_\_

Mother's Mobile Number

\_\_\_\_\_

Local Guardian's Mobile Number

\_\_\_\_\_

Student's Email ID

\_\_\_\_\_

PAN Number: **(To be filled compulsorily)**

\_\_\_\_\_  
(Father's)

\_\_\_\_\_  
(Mother's)

Aadhaar Card Number of the student: \_\_\_\_\_

**Place of residence - Urban / Rural :** \_\_\_\_\_

**Hostel Required:**  Yes  No

### C. ACADEMIC QUALIFICATION (12<sup>th</sup> Std)

Qualifying Exam passed	College	Board / University	Register Number	Marks		%
				Maximum	Obtained	

### D. MARKS OBTAINED IN THE QUALIFYING EXAMINATION (12<sup>th</sup> Std)

Subject	Marks		Percentage
	Maximum	Obtained	
Physics			
Chemistry			
Biology / Mathematics			
<b>Total</b>			
English			

### E. DECLARATION BY THE STUDENT

I have carefully read the details regarding the admission to the D.Pharm course. I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forego the allotted seat. In all matters regarding my admission to the course, the decision of the College is final and binding. I am also aware that the college will not refund the fees either in full or in part, under any circumstance. If I intend to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the course. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Mangalore or the Honourable High Court of Karnataka.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

## F. DECLARATION BY THE PARENT / GUARDIAN

(to be signed by the guardian only if both parents of the applicant are not alive)

I \_\_\_\_\_ hereby affirm that the information provided and enclosures submitted thereto in this application of my son/ daughter / ward \_\_\_\_\_ for admission to the D.Pharm course is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and he/she will forego the allotted seat. I am aware that in all matters regarding his / her admission to the course, the decision of the College is final and binding. I am also aware that the College will not refund the fee either in full or in part, under any circumstance. If my ward decides to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues for the remaining duration of the course. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Mangalore or the Honourable High Court of Karnataka.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent/ Guardian  
(If guardian, mention relationship)

## GUIDANCE NOTES

You should ensure that you have filled in all the required information.

***Please ensure that you have submitted the following documents along with the form.***

Attested photocopies of

- 12th std. marks card / pass certificate
- 10th std. pass certificate for proof of date of birth.
- Registration fee of Rs 500/- by DD favoring "Nitte Education Trust" payable at Mangalore.
- Aadhar Card copy of the student.

**The application form with all enclosures should be forwarded to:**

**The Dy. Director (Admin),  
6th Floor, Medical Sciences Complex  
Deralakatte, Mangalore – 575 018  
Karnataka State, INDIA**

Tel: +91- 824- 2204310 / 2204342 / 2204304  
Website:www.nitte.edu.in | Email:info@nitte.edu.in