

B. Pharm. [L.E.] – 2009

Application form for General candidates [Rs.300/-]

Application Number
(Will be given by the office)

Government of Kerala
Office of the Commissioner for Entrance Examinations
Santhi Nagar, Thiruvananthapuram – 695 001

APPLICATION FOR ADMISSION TO B PHARM COURSE, KERALA: 2009 (Through Lateral Entry)

(Read Instructions on Page 5 carefully before filling up this application form)

1.	Name of Applicant (In BLOCK Letters, <i>initials last</i>) Please insert one letter in a box																																			
	<table border="1" style="width:100%; height:100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																			
2.	(a) Address for communication (<i>with Pin Code</i>)																	Affix recent Passport size photograph of the candidate with signature half on the photograph and half on the application form																		
	Pin code:																																			
	(b) Contact Telephone Number with STD Code																																			
	STD Code																																			
(c)	Mobile Number (if any)																																			
(d)	e-mail address (if any)																																			
3.	Date of Birth in Christian era (<i>Attach self attested copy of the relevant certificate as per instruction 3 on page 5 of this application form</i>)																																			
																		Day			Month			Year												
4	Nationality (Only Indian citizens of Kerala origin are eligible to apply)																																			
4(a)	Do you satisfy the Nativity condition as per Clause 4.1 of the Prospectus (Write Yes / No). See instruction 4 on page no. 5.																																			
5.	Details of Diploma (Pharmacy) Examination passed. (<i>See instruction 5 on page 5</i>)																																			
(a)	Marks secured in the Second Year D Pharm Course (Part II) (Attach true copy of mark list)			Marks secured									Maximum Marks																							
(b)	Year of passing and Register number																																			

(c)	Name and address of the Institution from which you have passed the D Pharm Course.			
(d)	Name of the University from which obtained			
6.	Pharmacy Council Registration Number and name of the Pharmacy Council with State, if already registered.			
7.	Do you claim reservation under SEBC ? Write YES/NO. (If YES obtain Income & Community Certificate on page no. 4 of the Application form).			
8.	Do you claim reservation under OEC ? Write YES/NO. (If YES obtain Income & Community Certificate on page no. 4 of the Application form).			
9	Are you a son/daughter of an inter-caste married couple (Write 'YES' or 'NO'. If YES, attach Inter-caste marriage certificate.			
10	Details of Application Fee remitted			
	(a) Demand Draft number		(b) Date	(c) Amount (Rupees)
	(d) Name of Bank			
<p>11. DECLARATION (To be filled and signed by all candidates)</p> <p>I, hereby declare that, all the information furnished above are correct to the best of my knowledge and belief and that, I have fully read the conditions of admission to B Pharm Course (Through Lateral Entry) -2009 as contained in the Prospectus. I also declare that, the rules and regulations stipulated in the Prospectus will be observed and if selected, I agree to join the course and the college to which allotted. Should it however be found that, any information furnished is untrue, I realize that I am liable to criminal prosecution and also agree to forego my seat.</p> <p>Place: Date:</p> <p style="text-align: right;">Signature of the candidate</p>				

CERTIFICATE TO PROVE NATIVITY

Candidates have to obtain either 12(a) or 12(b) certified by the Village Officer/ Tahsildar in the format given below (As per Clause 4.1(i) & (ii) of the Prospectus) or attach copy of any documents specified under clause 4.1 (iii) to (v) to prove Nativity.

12(a). Certificate of Birth / Residence.

[To be signed by the Village Officer / Tahsildar in Kerala State]

Certified that, Shri/Smt/Kum is an applicant for the Entrance Examination for admission to B Pharm Courses-2009 (through Lateral Entry) and his / her father / mother Shri / Smt of House, Village, District, was born in Kerala.

Signature of the Village Officer / Tahsildar:

Name:

Place:

Taluk:

Date: (Office Seal)

District:

OR

12(b)

Certified that the applicant Shri/Smt/Kum an applicant for the Entrance Examination for admission to B Pharm Courses-2009 (through Lateral Entry) has been a Resident of Kerala State for a period of 7 years within a continuous period of 15 years.

Signature of the Village Officer / Tahsildar:

Name:

Place:

Taluk:

Date: (Office Seal)

District:

13. COMMUNITY CERTIFICATE FOR CANDIDATES BELONGING TO SEBC / OEC

(ii) Son/daughter of inter- caste married couple, claiming SEBC reservation need produce only an 'inter-caste marriage certificate' from the Tahsildar concerned.

Note: In case, reservation of seats is claimed as a member of 'Latin Catholic other than Anglo Indian', a Certificate from the Village officer to the effect that, the candidate belongs to Latin Catholic Other than Anglo Indian or Latin Christian Other than Anglo Indian should be obtained in the COMMUNITY CERTIFICATE.

13 (a) COMMUNITY CERTIFICATE

CERTIFIED that, Shri / Smt / Kum.son / daughter
of Shri / Smt residing atHouse,
..... Village, Taluk,
..... District of Kerala State, belongs to
..... caste,..... religion, which is included as Socially and Educationally Backward Class [SEBC] / Other
Eligible Communities[OEC] as per G.O.(P) 208/66, dated: 02-05-1966 and subsequent amendments, thereof.

Signature of the Village Officer:
Place: Name:
Date : Designation and Address:
(Office Seal)

13 (b) INCOME CERTIFICATE

നമ്പർ: വില്ലേജ് ഓഫീസ് :
..... തീയതി :
.....ജില്ലയിൽ.....താലൂക്കിൽ.....വില്ലേജിൽ
.....വിട്ടിൽ ശ്രീ/ശ്രീമതി.....തീയതി
സമർപ്പിച്ച അപേക്ഷയിൽ* ന് വേണ്ടി ഒരു വരുമാന സർട്ടിഫിക്കറ്റ് ആവശ്യപ്പെട്ടിരുന്നു. ടിയാൻ വാർഷിക
കുടുംബ വരുമാനം (2008-2009 സാമ്പത്തികവർഷം) രൂപയാണെന്ന് പ്രസ്താവിച്ചിട്ടുണ്ട്. എൻ്റെ അന്വേഷണത്തിൽ ബോധ്യപ്പെട്ടതനുസരിച്ച് ടിയാൻ
വാർഷിക കുടുംബ വരുമാനം താഴെ കാണിച്ചിരിക്കുന്ന പ്രകാരമാണെന്ന് ഞാൻ ഇതിനാൽ സാക്ഷ്യപ്പെടുത്തുന്നു. കുടുംബത്തിലെ അംഗസംഖ്യ..... ആണ്.
അതിൽ ജോലിയുള്ളവർഉം പഠിക്കുന്നവർഉം ജോലി ഇല്ലാത്തവർഉം ആണ്.

ആദായ മാർഗ്ഗങ്ങൾ	ഭൂമിയിൽ നിന്നുള്ള ആദായം	ശമ്പളം/പെൻഷൻ (കുടുംബ പെൻഷൻ ഒഴികെ) **	കച്ചവടം	കുലിവേല	വിദേശത്ത് ജോലിയുള്ളവരുടെ വരുമാനം	വാടക	മറ്റിനം	ആകെ
അംഗങ്ങൾ അച്ഛൻ അമ്മ മക്കൾ								

മൊത്തത്തിലുള്ള തുക അക്കത്തിൽ :
അക്ഷരത്തിൽ :
മൂന്നു കുട്ടികളിൽ കുടുതലുള്ളവരുടെ കാര്യത്തിൽ കുടുതലുള്ള കുട്ടികൾക്ക് :
കുറവു ചെയ്യേണ്ട തുക
ബാക്കി തുക:അക്കത്തിൽ :
അക്ഷരത്തിൽ :
ഒപ്പ് :
.....
.....
.....

* ആരുടെ ആവശ്യത്തിനെന്ന് വ്യക്തമാക്കണം
** സ്ഥിര ശമ്പളക്കാരായ ഉദ്യോഗസ്ഥരുടെ കാര്യത്തിൽ അടിസ്ഥാന ശമ്പളത്തോടൊപ്പം നിലവിലുള്ള ഡി.എ. കൂടി കണക്കിലെടുത്താകണം വാർഷിക കുടുംബവരുമാനം കണക്കാക്കേണ്ടത്.

Instructions to fill in the Application Form

The application form is meant for General candidates. The Application form has 7 pages inclusive of the Computer Data Sheet (1 page) The Computer Data Sheet has to be submitted along with the Main application form. Affix your recent passport size photograph in two places- one on page number 1 of the application form and the other on the Computer Data Sheet (Page No. 7). The candidates should satisfy the eligibility conditions as per Clause 4.1 of the Prospectus as on the last date of submission of application form.

1. Write your name in CAPITAL letters, with initials, at the end.
2. Write your complete Postal address in CAPITAL letters, your contact telephone number, mobile number and the e-mail address if any.
3. **Date of Birth:** Write your date of birth in Christian Era and also attach self-attested copy of the certificate as per Clause 9 (i) of the Prospectus.
4. **Nativity:** Certificate No. 12 (a) or 12 (b)/documents as per clause 4.1 (i) to (v), to prove Nativity should be furnished by all applicants. (As per Clause 4.1 and 9(iii) of Prospectus).
5. **Details of Qualifying Examination [Diploma in Pharmacy] :** Write details: 5(a) to 5(d) and also attach self attested copies of mark lists of all years of D. Pharm Examination as per Clause 4.2.
6. Write the Pharmacy Council registration number and name of the Council along with name of state, if already registered or else write "not registered".
7. If belongs to SEBC, obtain 'Income' and 'Community' Certificate in page no.4:[13(a)&(b)], in support of the claim as per 5.2 (b) of the Prospectus.
8. If belongs to OEC, obtain 'Income' and 'Community' certificate on page no. 4:[13(a)&(b)], as per Clause 6(ii) of the Prospectus.
9. **Details of Application fee remitted:** Write the number, date, amount of the Demand Draft and name of the Bank on page no. 2. (Rs. 300/- if General Category)
10. If son/daughter of an Inter caste Married Couple, attach 'Inter caste' marriage Certificate from competent revenue authorities as per clause 9 (v) of the prospectus.
11. All candidates should read and sign the **declaration** (item 11 of the Application form) and also on the Computer Data Sheet (Page 7).

Application duly filled in together with Demand Draft and all other documents [mentioned under Clause 9 of the Prospectus] should be enclosed in a cover superscribed as "APPLICATION FOR THE B Pharm (LE) ENTRANCE EXAMINATION -2009 should reach the **Commissioner for Entrance Examinations, Housing Board Buildings, Santhi Nagar, Thiruvananthapuram - 695 001** by Registered Post / through hand delivery/ Speed Post on or before 5 pm, **09.01.2010** (Saturday).

For Office use only

Computer Data Sheet On Page 7

B. Pharm. [L.E.] – 2009

Government of Kerala
Office of the Commissioner for Entrance Examinations
APPLICATION FOR ADMISSION TO B PHARM COURSE [THROUGH LATERAL ENTRY], KERALA: 2009
COMPUTER DATA SHEET

[To be filled and returned with the Application Form]

APPLICATION NUMBER (Will be given by the Office)	Write below, your complete mailing address, including your name in BLOCK letters.								Paste, (do not staple) a recent passport size photograph <i>Do not sign over the photograph</i>													
Signature of the Candidate	Pin code																					
Telephone number with STD Code																						
Mobile number																						

Note: Read the instructions given below for filling up the Computer Data Sheet completely and correctly.
Please insert one letter/number in a box.

Boxes:

- 1 - 23: Write your name beginning from Box 1 and your initial(s) at the end of your name, leaving one box blank after name.
24 -31: Write your date of birth (In Christian era)
32-39: Write the TOTAL marks secured and MAXIMUM marks of Second Year D Pharm Examination (Part II)
40-41: Write 'OE' if included under "Other Eligible Communities' (OEC) or else write 'NA'.
42-43: Write the code of the specific category under SEBC as applicable or else write 'NA'. ('EZ' for 'Ezhava', 'MU' for "Muslim', 'LC for Latin Catholic Other than Anglo Indian', 'BX' for 'Other Backward Christian' and 'BH' for 'Other Backward Hindu)

<i>Name in CAPITAL letters - Initials at the end of Name</i>																						
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Date of Birth								Marks of Second Year D Pharm Examination (Part II)								Whether OEC		Whether SEBC	
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43

DECLARATION	
Certified that the entries made in the Computer Data Sheet tally with the corresponding entries in the Main Application form and I have filled all items in the Main Application form and Computer Data Sheet.	
Place:	Signature of the candidate
Date :	