

Applicants belonging to
ESI Department

Application Fee: Rs. 800/-

Government of Kerala

OFFICE OF THE COMMISSIONER FOR ENTRANCE EXAMINATIONS

Santhi Nagar, Thiruvananthapuram.

**APPLICATION FOR ADMISSION TO
M.Pharm COURSES, KERALA 2009**

(As per G.O.(Rt) No. 490/10/H&FWD Dated 06-02-10)

1. Name in CAPITAL Letters																																							
2. Category under which you are applying																				Service Quota (ESI Department)																			

3.(a) Postal Address																													
Pin																													

Affix
recent
passport size
photo

3 (b) Contact Telephone Number															Date of birth in Christian Era														
STD Code					Land Phone										Day			Month			Year			Age as on 23.12.2009					
3(c) Mobile No.															3(d) E mail address, if any.														

4	Nationality (Only Indian citizens are eligible to apply)	
5	Do you satisfy the Nativity condition as per Clause II(b) of the Prospectus (Yes / No). (If 'YES', obtain certificate given on page no.3)	
6	Register number and year of passing of the B.Pharm. Degree Examination	
7	Total marks secured for all the years of B.Pharm. Examination (Attach copy of all mark lists)	
a.	Marks secured	
b.	Maximum marks	
8	Name of College	
9	Name of University	
10(a)	Do you claim reservation under Scheduled Caste (SC) / Scheduled Tribe (ST)?	
10(b)	If YES, specify whether SC or ST and also write the name of the Community. (Obtain Community Certificate on Page 3)	
11	Do you claim reservation under Physically Handicapped Quota (PHQ) [If Yes candidate should attach relevant certificate from Medical Board as Instructed in Clause VI (e(3))]	

12	Do you claim reservation under Service Quota					
12(a)	If Yes Specify the Quota applicable:(LPH : Lecturer in Pharmacy/DCN : Nominee of Drug Control Department/PHB : Service Candidates(Pharmacist with B.Pharm.))					
	LPH		DCN		PHB	
13	Write the details of service in case of candidates applying under Service Quota					
a	Date of PSC Advice Memo					
b	Date of commencement of Service					
c	Date of Declaration of Probation					
d	Date of superannuation					
e. Total service as on 16-01-2010						
Total Approved Service as on 16-01-2010			Years		Months	Days
14	Do you claim reservation for the seats reserved for Sponsored candidates, as per AICTE guidelines?					
15	Details of Application Fee remitted					
	DD / Chalan number	Name of Bank/Treasury	Date	Amount (Rupees)		
16	Subject codes of the courses in the order of preference :					
	PA : Pharmaceutical Analysis		PH : Pharmacognosy & Phyto-chemistry			
	PT : Pharmaceutics		PP : Pharmacy Practice			
	PC : Pharmaceutical Chemistry		PL : Pharmacology			
Order of preference of courses						
	01	02	03	04	05	06

DECLARATION**(To be filled by the candidate)**

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 M. Pharm Courses - 2009 as contained in the Prospectus and I agree to abide by them. 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.

Place:

Date:

Signature of the Candidate

**1.NATIVITY CERTIFICATE
FOR KERALITES**

(To be signed by Village Officer/Tahasildar/any other authority in the local body competent to register birth in Kerala State)

CERTIFIED that, Shri/Smt/Kumari is an
applicant for admission to the Post Graduate Degree Course in Pharmacy (M.Pharm)-2009 and he/she or his father/mother,
Sri/Smt residing at.....
House,village,District, was born in Kerala

Signature of the Village Officer /

Birth registering Authority :

Name :

Place :

Date : (Office Seal)

2. COMMUNITY CERTIFICATE

(For Scheduled Caste / Scheduled Tribe Candidates only)

As per Clause VI of the Prospectus

1.This is to certify that, Shri/Smt /Kumari..... Son/Daughter of
of.....House
Village/Town..... Taluk.....
 District of kerala State belongs to the..... Caste/Tribe which is recognized as a Scheduled Caste/Scheduled
 Tribe under :-

The Constitution Amendment (Scheduled Castes) Order,1950.....
 The Constitution Amendment (Scheduled Castes) Order,1950.....
 (as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002)

Certify that, Shri/Smt /Kumari.....(name of person) Son/Daughter of
of.....House
Village/Town..... Taluk.....
 District is a member of Malai Araya Christian family converted to Christianity from Hindu Malai Arayan Community, which is
 included in the list of Scheduled Tribes.

2. Shri/Smt /Kumari.....and his/her* family ordinarily resides(s)
 inVillage/Town, of.....
District of Kerala State.

Signature of Tahasildar :

Name :

Place :

Date : (Office Seal)

* Please delete the words / clause which are not applicable.

- Note: 1. The term ordinarily resides used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
2. In the case of X'ian converts from SC who have subsequently embraced Hinduism should get the following certificate recorded by the 'Tahasildar' below the community certificate.'The certificate is issued after observing the guidelines issued in Government Circular no. 18421/E2/87/SC/ST/DD.Dated 15-12-1987'.
3. Issue of Community Certificate to Scheduled Caste / Scheduled Tribe will be regulated by Act II of the Kerala (Scheduled Caste & Scheduled Tribe) Regulation of Issue of Community Certificate Act 1996.
4. Certificate to persons belonging to Malai Arayan Community (ST) converted to Christianity should be in this form.

**INTER-CASTE MARRIAGE CERTIFICATE
FOR SON/DAUGHTER OF INTER-CASTE MARRIED COUPLES
OF WHICH ONE IS SCHEDULED CASTE/SCHEDULED TRIBE**

Certified that Master/Kum.....,
an applicant for admission to M Pharm,2009, is the son/daughter of an inter-caste married couple, and his/her father
Shri.....belongs to.....
community and his/her mother Smt.....belongs to
.....Community.

Signature of the Village Officer :

Name of Village Officer :

Name of Village & District :

Place :

Date : (Office Seal)

Appendix - I
CERTIFICATE

Certified that Sri./ Smt.
is holding appointment as in the institution
from onwards till date and that he/she had continuous service/ research
experience of years, months and days as on
2006.

This institution has the privilege to sponsor Sri./ Smt.....
..... to be sponsored candidate for seeking admission to M.Pharm Degree
course in Pharmacy Practice and also agrees that the candidate will not be withdrawn from the
course of study by this Institution.

	(Seal)	Signature
Place		Name
Date		Designation and Address