

State Medical Faculty of West Bengal

14-C, Beliaghata Main Road, Kolkata – 700 085

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Website: www.smfwb.in / Email ID: faculty@smfwb.in

No.: 2458 -F - 462/2025 30th October, 2025

Notification regarding Counselling and Admission to Diploma in Pharmacy Course for the Academic Year 2025-26 in the three Govt. Pharmacy Institutes (Institute of Pharmacy, Kalyani, Institute of Pharmacy, Bankura and Institute of Pharmacy, Jalpaiguri) to be conducted by the State Medical Faculty of West Bengal.

Notice to desirable candidates who will seek admission to Diploma in Pharmacy Course for the academic year 2025-26, so as to procure and collect the necessary original documents like H.S Certificate, domicile certificate, medical fitness certificate, vision certificate, EWS certificate/TFW certificate/PH Certificate/Caste certificate (SC/ST/OBC-A/OBC-B)/ in the appropriate format from the appropriate authority in advance. These original documents have to be produced during counseling and admission. The candidate, who fails to produce the original required documents during documents verification, counseling, his/her candidature will be cancelled on the spot.

SCHEDULE FOR ADMISSION PROCEDURE:

- A. Online application forms for admission in Diploma in Pharmacy Course would be available on and from 06-11-2025.
- B. The last date of online submission of filled-in application forms will be 17-11-2025 uptil 5 p.m.

TOTAL NO. OF APPROVED SEATS AT UNDER MENTIONED INSTITUTES:

Ins	titute of F	harmacy	, Kalyani (<i>A</i>	Approved I	ntake=60;	EWS=06; TFV	V=03; Total=6	9)
UR	SC	ST	OBC-A	OBC-B		PH	EWS	TFW
					UR-PH	SC-PH		
31	12	04	06	04	02	01	06	03

I	nstitute of	f Pharma	cy, Bankura	(Approve	d Intake=0	60; EWS=06;	TFW=03; Tota	al=69)
UR	SC	ST	OBC-A	OBC-B		PH	EWS	TFW
					UR-PH	SC-PH		
31	12	04	06	04	02	01	06	03

	Inst	itute o	f Pharma	cy, Jalpai	iguri (Appro	oved Intake=	-60; E	WS=06	; TFW=	:03; Total=6	9)
UR	SC	ST	OBC-A	OBC-B	F	РН		GTA*		EWS	TFW
					UR-PH	SC-PH	UR	SC	ST		
29	11	03	06	04	02	01	02	01	01	06	03

^{*} Four (04) GTA seats at Institute of Pharmacy, Jalpaiguri, will be allotted by the GTA, Darjeeling, in the Diploma in Pharmacy Course for the academic year 2025-26.

Note.: the Course will commence on and from 1st December, 2025.

ELIGIBILITY CRITERIA OF APPLICANTS:

➤ Citizenship: Candidates should be Indian Citizens and either has been residing in the State of West Bengal uninterruptedly/continuously for not less than 10 years as on 31.12.2024 or who or whose parents are permanent residents of West Bengal and have their permanent addresses in West Bengal.

Name of the Course	Eligibility Qualification	Age Criteria	Duration of the Course
Diploma in	Passed Higher Secondary (10+2)	Candidates	The duration of the course
Pharmacy	examination in Science stream or its	shall complete	shall be for two academic
	equivalent examination in General	the age of 17	years in addition to 500
	Stream Course with Physics,	years on or	hours practical training
	Chemistry & Biology or	before 31 st	spread over a period of not
	Mathematics.	December of	less than 3 months.
		the year for	
	Candidates passed in Higher	admission to	
	Secondary (10+2) examination or	the Pharmacy	
	equivalent examination.	Course (i.e.,	
		31.12.2025 for	
	Vocational Stream course are not	2025-26	
	eligible for admission in D. Pharm	session)	
	as stated by the Pharmacy Council		
	of India.		

EWS certificate to be obtained from competent authority by the eligible candidates in appropriate format as per Govt. Memorandum dated 09.07.2019 bearing memo no. 325-PAR(AR)/3P-1/2019.

Eligibility for Tuition Fee Waiver (TFW) Scheme:

Students who will seek admission to Diploma in Pharmacy Course for the academic year 2025-26 and whose annual family income from all sources in the preceding financial year i.e. 2024-25 is less than Rs. 2.50 lakhs only and who are domiciled in West Bengal are eligible for availing TFW Scheme.

Competent persons to issue annual family income from all sources for TFW:

For the purpose of determining the annual income of parents/guardians from all sources, an officer of the State Government in the rank of Block Development Officer or Sub-Divisional Officer or Additional District Magistrate or Group-A Gazetted Officer of State or Central Government of similar rank or above in the rural region or Executive Officer of Municipality/ Assistant Commissioner or above in Commissionerate or Group-A Gazetted Officer of State or Central Government of similar rank or above in the urban region, will be competent to issue INCOME CERTIFICATE in the prescribed format. It may be noted that Income Certificate issued by any other person will not be entertained in this regard.

APPLICATION PROCEDURE:

The online Application Form will be available in the official website of State Medical Faculty of West Bengal (www.smfwb.in) in due time.

Candidates must submit the required application fees through online for consideration of their application.

Fees:-

Rs. 600/-(Six hundred) only for all candidates.

The fees to be deposited online (Credit Card/Debit Card/Net Banking) in favour of "State Medical Faculty of West Bengal".

The online banking charges as applicable is to be borne by the candidate which is extra. **The application is one time procedure & a fee remitted is non-refundable.**

An applicant should ensure that he/she satisfies the requirements relating to Age limit, Educational Qualification, etc. before submission of the application. Any candidate, found not in full conformity with his/her submitted information at the time of verification of original testinomials, will not be allowed admission even though his/her name in the provisional merit list. Application will have to be filled-up properly and completely in all respect. No request for subsequent change in information submitted by the candidate will be entertained under any circumstances. Applicants are advised to download the copy of the filled-in application form after submitting the application and provisional rank card which will be required during counseling and admission.

N.B.: If after scrutiny at any stage, it is found that an applicant is ineligible as per prescribed eligibility norms, his/her candidature will stand cancelled even if his/her name in the provisional merit list or seat is allotted to him/her or takes admission and gets registered.

SELECTION PROCEDURES:

- ➤ Candidates will be selected on the basis of total marks obtained in Physics, Chemistry, and Mathematics or Biology (which is higher) at the H.S (10+2) Examination (General Stream) or equivalent examination as approved by the Pharmacy Council of India. Candidates have to separately pass both the theory and practical examination in Physics, Chemistry and Biology or Mathematics (as applicable). The tie shall be broken up by marks in Chemistry if still tie, then Physics and if still tie, then Mathematics or Biology (which is higher) and if still a tie then higher age would incur higher merit position.
- Reservations: Seats will be reserved for candidates belonging to Scheduled Caste, Scheduled Tribe and other Backward Classes and also for Physically Handicapped Candidates as per existing rules of Government of West Bengal. Admission of the PH candidates is subject to verification and approval by the Medical Board-at Medical College & Hospital, Kolkata. Candidate should carry the original and self attested photocopy of the caste/physically handicap certificates, issued by the Competent Authority.
- Four candidates nominated by the G.T.A., Darjeeling will be admitted in the Institute of Pharmacy, Jalpaiguri.
- ➤ **Upgradation:** This year, college upgradation is not available. Once a candidate is allotted and admitted to a seat in a particular institute, he/she cannot appear for further upgradation in subsequent institute.

- The admission will be made from amongst the candidates present at the time of counseling in order of merit list and reservation quota, till all the seats are filled up.
- **EWS**: 10% of "Approved Intake" will be made available under this scheme. These seats shall be SUPERNUMERARY in nature.
- > TFW: 5% of "Approved Intake" will be made available under this scheme. These seats shall be SUPERNUMERARY in nature. The waiver is limited to the tuition fee. Selection of candidates for the Tuition Fee Waiver Scheme shall be decided during the counseling process based on merit from amongst the eligible candidates. In the event of non-availability of students in this category fulfilling all prescribed criteria, the same shall not be given to any other category of applicants.

The seats in the category of EWS and TFW shall be filled with only those candidates for whom the benefit is meant by the competent authority and not by the institution itself. In the event of such seats not being filled, the said seats shall remain vacant and not be filled by the other category candidates.

OTHER INFORMATION:

A. Candidates have to produce the domicile certificate issued by the Appropriate Authority (viz. District Magistrate/Additional District Magistrate/Deputy Magistrate/Deputy Collector/Sub-divisional Officer/Block Development Officer/ Superintendent of Police/Additional Superintendent of Police/Sub-divisional Police Officer/Deputy Superintendent of Police/Commissioner/Additional Commissioner/Joint Commissioner/Deputy Commissioner/Assistant Commissioner of Commissionerate/Judicial Magistrate of any Rank or position in the concerned district or Metropolitan Locality or Hon'ble High Court at Calcutta or Hon'ble Supreme Court of India/Corporation area-Commissioner, Additional Commissioner, Joint Commissioner, assistant Commissioner/Assistant Secretary or above in the Secretariat of the Govt. of West Bengal (including GTA) or Central Government/Deputy Director or above in the Directorate to the Govt. of West Bengal or Central Government)/head of the institution from which the candidate has passed in 10+2 examination in the year 2025 as per existing rules/norms of Government of West Bengal, in original as per format available in the same website vide. Proforma-a1, a2 & b (as applicable), at the time of counseling. They must also produce supporting documents (Aadhaar card/Voter Card/Passport (any one) showing residence in W.B, in original and self attested photocopy of the same.

Officials issuing domicile certificate must provide his/her FULL NAME, DESIGNATION, PLACE OF POSTING WITH ADDRESS, LAND LINE/ MOBILE NUMBER. He/she should also provide his/her IDENTITY CARD NUMBER if available.

CERTIFICATE FROM ANY AUTHORITY OTHER THAN THOSE LISTED ABOVE "WILL NOT BE ACCEPTED".

Note: Domicile certificate issued by any elected people's Representative such as Municipal Commissioner, Councillor of Municipal Corporation/ Municipality, Member of Three tires Panchayat System or GTA, MLA or MP are not acceptable.

Proforma a2 must be signed and certified by the head of the institution from which the candidate has passed in 10+2 examination in the year 2025. Such certificate must be issued after verification of the school education record of the candidates.

Criteria to be treated as domicile and applicable proforma of certificate

Only those candidates will be treated as domicile of West Bengal, who is either,

(i) Residing in West Bengal continuously at least for last 10 (ten) years as on 31/12/2024

OR

- (ii) Whose(s) parents is/are permanent resident of West Bengal having permanent address within state of West Bengal.
- **B.** Candidate have to produce the original medical (Physical & Mental) fitness certificate from a Registered Medical Practitioner and a certificate from a Registered Eye Specialist, certifying acuity of vision and absence of colour blindness, in original as per format available in website- *vide*. Proforma-c &d.
- C. Admission of the PH candidates is subject to verification and approval by the Medical Board at Medical College & Hospital, 88, College Street, Kolkata-700 073. PH candidate should carry the original and self attested photocopy of the PH certificates issued by the Medical Board from Medical College & Hospital, Kolkata during admission. After obtaining the PH certificate issued by the Medical Board from Medical College, candidates keep this certificate and have to produce in original during verification of the documents at the time of Counseling and admission.

The dates, time and venue of the centre for the disability evaluation for PH candidates who will seek admission to Diploma in Pharmacy Course for the academic session 2025-2026 at Institute of Pharmacy, Kalyani, Institute of Pharmacy, Bankura and Institute of Pharmacy, Jalpaiguri, will be notified later in the official website of State Medical Faculty of West Bengal (www.smfwb.in)

Documents required during documents verification, counseling and admission:

- 1. Downloaded copy of the filled-in application form alongwith provisional rank card.
- 2. Original and two self attested copy of age proof (Birth Certificate/Madhyamik admit card)
- 3. Original and two self attested copies of Mark-sheet of 10+2 or equivalent examination
- 4. Original and two self attested copies of H.S or equivalent Certificate
- 5. Original Domicile certificate from the appropriate authority
- 6. Original Eye Check-up certificate from the Registered Eye Specialist
- 7. Original Medical fitness certificate from the Registered Medical Practioner
- 8. Original and a self attested copy of SC/ST/OBC-A/OBC-B/PH Certificates in appropriate cases

Caste certificate issued by the (a) Sub-Divisional Officer of the Sub Division concerned District (b) In Kolkata-District Welfare Officer, Kolkata/Ex-Officio Jt. Director or Deputy Director, Backward Classes Welfare Department (Applicable for SC/ST/OBC-A/OBC-B Candidates only).

For OBC-A and OBC-B candidates from the presently existing classes in the State List of OBCs, any previously issued OBC certificates procured as per Memorandum No. 1204-SBCW/MR-67/10 dated 27.07.2015, issued by the BCW Department, shall be treated valid for the Financial Year 2025–26 only upon revalidation/ reissuance of the same after determining Non-Creamy Layer (NCL) status. Further, as per the instructions of the Backward Classes Welfare Department, Government of West Bengal, vide Memo No. 1597-BCW dated 01.08.2025 read with Memo No. 912/Secy/BCW dated 13.06.2025, such previously issued OBC certificates after such revalidation/reissuance along with OBC certificates issued afresh on or after 01.08.2025 will automatically be treated as valid document for the OBC (NCL) criteria.

The Candidate(s), who is/are claiming OBC category should furnish a declaration in the non-judicial Stamp Paper as per vide *proforma-e* annexed herewith, without which no claim would be entertained.

PH Certificate from the Medical College & Hospital, Kolkata PH verification board.

- 9. EWS certificate in the prescribed format by the appropriate authority.
- a) Self Declaration by the applicant seeking Income and Asset Certificate in regards to Sub-Caste, family income and Assets or by the Guardian in case of minor.
- 10. Annual family income from all sources for TFW Scheme in appropriate format by the appropriate authority.
- 11. Self undertaking by the candidate in the prescribed format.
- 12. Three stamp size coloured recent photographs.

PUBLICATION OF MERIT LISTS

The list of provisional candidates for counseling and admission will be displayed on the official website of State Medical Faculty of West Bengal (www.smfwb.in) in due course of time.

The provisional list of candidates have to report physically and have to produce all the original certificates and necessary original documents in appropriate format during documents verification. If any candidates fail to produce any original certificate or original documents in appropriate format during original certificate verification, then his or her candidature will be cancelled on the spot. After verification candidates has to submit the requisite admission fees for admission. Candidature will be cancelled automatically if he/she fails to report on the schedule date and time.

The candidate has to pay the following fee at the allotted college during admission:

(a) Admission fee: Rs. 500/- (b) Tuition fee: Rs.1200/- per year (it shall be waived for TFW Candidate) (c) Session fee: Rs. 100/- (d) Registration fee: Rs. 800/- (e) Caution Deposit: Rs. 200/- (f) Hostel Seat Rent: Rs. 1200/-per year (if such facility is available at the allotted college).

The admitted candidates must deposit the original H.S (10+2) Mark sheet and Certificate or equivalent examination certificate to the allotted college authority against a receipt issued by the college authority. The receipt has to be kept secured by the candidate as after completion of course/if candidate resigns from the course, then candidate can get back originals by deposition of receipt.

Therefore, eligible & willing candidates are requested to follow the official website of State Medical Faculty of West Bengal.

COUNSELLING AND ADMISSION DATE SCHEDULE:

DATE OF COUNSELING AND VENUE OF COUNSELING WILL BE NOTIFIED

LATER ON IN WEBSITE

Date: 30th October, 2025.

for on and behalf of State Medical Faculty of West Bengal



PROFORMA a1

Residential/Domicile Certificates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2024

Certified		Son/daughter is a resident/permanent resident of West Be	of
		s a resident/permanent resident or west be	iiga
Street			
Post Office		Police Station	
In the Distr	ict of	under	
-	•	and has been living in the State of West Bengal continuously/uninterrupt (10) years as on 31.12.2024.	edly
Paste 4 cm recent co	n x3 cm size lour	Candidate's signature	
photogra	ph in this bo	Candidate must sign here in front of certifying authority	
(Candidate	's Photogra	oh)	
Signature o	of the Certify	ing Authority	
Designation	n with Officia	al Seal	
Full Name o	of Certifying	Authority	
Office Addr	ess		
Office Phor	ne No	(Optional)	
ID No		(Optional)	
Note: Photo	ograph is to	be attested by the certifying authority.	
The c	certifying au	thority should preserve a duplicate copy of this certificate.	

PROFORMA a2

Residential/Domicile Certificates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2024

Certified thatSon/daughter of
has passed the "10+2" Examination in the year
2025 from this Institution.
It is also certified that the student is a resident/permanent resident of West Bengal at Village/Hous
No
Street
Post OfficePolice Station
in the District ofunderunder
Assembly Constituency and has been living in the State of West Bengal continuously/uninterrupted at least for the last ten (10) years as on 31.12.2024.
Paste 4 cm x3 cm size recent colour photograph in this box Candidate must sign here in front of certifying authority
(Candidates Photograph)
Signature of the certifying authority
Designation with Official Seal
Full Name of Certifying Authority
Office Address
Office Phone NoMobile No(Optional)
ID No(Optional)
Note: Photograph is to be attested by the certifying authority.

The certifying authority should preserve a duplicate copy of this certificate.

PROFORMA b

Residential/Domicile Certificates for candidates not residing in the State of West Bengal but whose parent(s) is (are) permanent resident(s) of West Bengal having their permanent home address within West Bengal as on 31.12.2024

Certified that		
·	Village/House No	(the applicant) is/are permanent
Street		
Post Office	Police Station	າ
in the District of		
under	Assembly Constitue	ncy
Paste 4 cm x3 cm size recent colour photograph of the candidate in this box	Paste 4 cm x 3 cm size recent colour photograph of the father/mother of the	Father's/Mother's signature
	candidate in this box	
		Candidate's signature
(Candidates Photograph)	(Father's/Mother's Photograph)	Candidate must sign here in front of certifying authority
	Authority	
	, eal	
Full Name of Certifying Aut	hority	
Office Address		
Office Phone No	Mobile No	(Optional)
ID No	(Optional)	

Note: Photograph is to be attested by the certifying authority.

The certifying authority should preserve a duplicate copy of this certificate.

PROFORMA c

Medical Fitness Certificate

This	is	to	certify	that	Shri/Smt				Sc	on/Daughte	r of
	•••••					is	thoroughly	examined	by me.	He/She ha	is no
bodil	y d	efect	or men	ital inf	irmity exce	ept				wh	ich is
likely	to i	ncap	acitate l	nim/he	r in near fu	ture to contin	ue his/her st	udy in Diplo	oma in Ph	armacy.	
					Signature	of Registered	Medical Pra	ctitioner:			
					Full Name	: :					
					Regn. No.	:					
					Seal	:					

PROFORMA d

Certificate issued by a Registered Eye Specialist

This	İS	to	certify	that	Shri/Smt.								So	n/Dau	ughte	er of
							i9	exan	nined	oy me	e. He/	She I	nas n	orma	ıl acu	ity of
visio	า (พ	ith/v	vithout g	lass/le	ns). Colour	blindne	ess is (a	absent	/prese	nt).						
							Sig	nature	e:							
							Ful	l Nam	e:							
					Regn. No.	(WBMC	() /Ind	ian Me	edical	Counc	:il:					
								Sea	l :							

PROFORMA e

Rs. 50 / - Non Judicial

DECLARATION IN FAVOUR OF STATE MEDICAL FACULTY, WEST BENGAL

I,		, son of		, aş	ged abo	ut	_
Year	rs, by faith -	, by occupa	ation -	_	, resi	iding a	at
			, do	hereby	truly	and	faithfully
mad	le, DECLARE, AF	FIRM AND AVOV	V in fo	ollowing	explicit	terms	as follows
	:-						
1.	I belong to the						community
	which is recogni	zed as a backwar	rd cla	ss.			
2.	I am well awar	re of the implen	nenta	tion of V	West B	engal	Backward
	Classes, (Other	than SC and ST)	(Res	ervation	in Post	s) Act	of 2012 in

- Classes, (Other than SC and ST) (Reservation in Posts) Act of 2012 in terms of solemn order dated 28th July 2025 passed in Special Leave to Appeal being SLP (CIVIL) 17422 / 2025 (The State of West Bengal Vs Purabi Das and Ors.) by the Hon'ble Supreme Court, wherein stay has been granted.
- 3. I do hereby declare that I shall be bound by the dictum to be pronounced by the Hon'ble Apex Court regarding implementation of West Bengal Backward Classes, (Other than SC and ST).
- 4. I further declare that I shall not be prejudiced if State Medical Faculty take any coercive measures against me belonging to OBC category in terms of the resultant of the order to be passed by Hon'ble Supreme Court in Special Leave to Appeal being SLP (CIVIL) 17422 / 2025 (The State of West Bengal Vs Purabi Das and Ors.).

5.	I further declare that I shall inde	emnify State Medical	Faculty if State
	of West Bengal modify and/or	alter any notificatio	n in respect of
	"Other Backward Class" [O.B.C.]	reservations.	
6.	This DECLARATION is an act of ϵ	equity, fair play and b	ona-fide acts.
		1-3 - 1-3	
In w	vitness whereof DECLARANT has	s signed, sealed and	d delivered this
DEC	LARATION on thisday of	(month) 2025	5.
Witn	esses		
1.		DECLARANT	
2.			
		ACCEPTOR	
Full	Name:		
Corr	espondence Address:		
Place	e :		
E-Ma	ail:		
Mob	ile No:		
Date	:		

ANNEXURE

Format for Certificate of Family Income for the applicant applying under TFW Scheme

Certified that the Annual Family Income from all so, son/daughter of, Post Office, West Bengal for the financial year 2024-2025 (Rupees two lakhs and fifty thousand) only and which stands at F) only approximately.		Passport size colour photograph, same as given in the Application Form
		101111
Date: Signature of Competer Place: Designation with Officerors	nt Authority	

GOVERNMENT OF WEST BENGAL (Name & Address of the issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY THE ECONOMICALLY WEAKER SECTIONS

Certificate No Date		e:
VALID FOR THE YEAR		Recent Passport size attested photograph of the applicant
1. This is to certify that Shri/Smt./Kum	nari	son/daughter/wife of
Village/Street	a permanent resident of	,
Village/Street	Post Office	District
Pin Code below belongs to Economically Weal "family"** is below Rs. 8 lakh (Rupees family does not own or possess any of t I. 5 acres of agricultural land and II. Residential flat of 1000 sq. ft. a III. Residential plot of 100 sq. yard IV. Residential plot of 200 sq. yard municipalities.	ker Sections, since the gross Eight Lakh only) for the financ he following assets***: d above; and above; ds and above in notified munici	annual income* of his/her ial year His/her palities;
2. Shri/Smt./Kumariwhich is notrecognized as a Schedule Callist).		
	Name	Officer

^{*} Note1: Income covered all sources i.e. salary, agricultural, business, profession, etc.

^{**} Note2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/herparents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

^{***} Note3: The property held by a "Family" in different locations or different places/cities have been clubbedwhile applying the land or property holding test to determine EWS status.

<u>Self Declaration by the applicant seeking Income and Asset Certificate in regards to Sub-Caste, family income and Assets or by the Guardian in case of minor</u>

I, Shri/Smt.	son/daughter of
Sri	
, res	iding at
	, West Bengal
do hereby declare that I belong to	Sub-Caste, which is not
covered under the reservation scheme for the	ne Schedule Caste/Schedule Tribe/Other Backward
Classes-A/ and Other Backward Classes-B in We	st Bengal and gross income (from salary, agriculture,
business, profession etc.) of my family from all s	ources is below Rs. 8 (Rupees Eight Lakh) lakh.
Further, I also declare that my family does not p	ossess any of the following assets-
I. 5 (five) acres of agricultural land a	and above;
II. Residential flat of 1000 sq. ft. and	above;
III. Residential plot of 100 sq. yards a	and above in notified municipalities;
IV. Residential plot of 200 sq. yards a municipalities.	and above in areas other than the notified
	(Signature of applicant/Guardian in case of minor)
	Date:

[#] Properties held by each of the family members in different locations have to be clubbed together EWS status.

^{*}Family for this purpose will include the person seeks EWS certificate, his/herparents and siblings below the age of 18 years and also his/her spouse and children below the age of 18 years.

CERTIFICATE OF DISABILITY

(For Admission to Diploma in Pharmacy Course, for the Academic Year 2025-26)
Institute of Pharmacy Kalyani/Bankura/Jalpaiguri

Certificate No	D	Dated		
This is to certify that Mr./	Ms			
Aged (as on 31.12.2025)_			Years	
Son/Daughter of Dr./Mr./	′Ms			
R/o				
		(Name of the Disease)		
and has Permanent Physi	ical Impairment (PPI) and he/s	she is eligi	ble for reservations as	
prescribed in Rights of Pe	rsons with Disabilities ACT, 20	16.		
Percentage of	(in word	s)(in	
Figure)	·			
He/She is Eligible for adm	nission in Diploma in Pharmacy	y Course s	ubject to his/her being	
otherwise medically fit.				
Candidate Name			Recent	
	lerit List)		Passport Size	
Category			Photograph of the	
E-mail			candidate duly	
Mobile No.			attested by the	
			issuing authority	
Sign & Name	Sign & Name	Si	gn & Name	
(Specialist)	(Specialist)		(Specialist)	

Self undertaking by the Candidate

I declare that the entries made by me in this online application form for the admission in Diploma in Pharmacy Course for the Academic Year 2025-26 are true to my knowledge and I understand that I am liable for action under the law for any false information or document uploaded or produced by me without any notice any if found any falsification/fabrication/misinformation then my candidature will be automatically cancelled.

	(Signature of Candidate)
	Name
Place:	
Date:	