Ponda Education Society's

RAJARAM AND TARABAI BANDEKAR COLLEGE OF PHARMACY

Farmagudi, Ponda, Goa - 403 401.

Form No.:

Application form for 2026-2027

Admission to M.Pharm: Pharmaceutical Chemistry / Pharmaceutics / Pharmacology

Regn. No. _____

Affix Photo

INSTRUCTIONS TO CANDIDATE

1. Applicant must fill the form in his/her own handwriting.
2. Read rules of admission & eligibility criteria as given in the prospectus before filling the form.

1. NAME OF CANDIDATE: (in Block letters as per HSSC Marksheet)

Name of the Father : _____ Ph.No. _____

Name of the Mother : _____ Ph.No _____

2. PREFERENCE FOR SPECIALISATION: 1. _____ **2.** _____ **3.** _____

3. CATEGORY: _____

4. DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

5. NATIONALITY: _____ **6. GENDER: MALE / FEMALE** **7. AADHAAR CARD NO.:** _____

8.	PRESENT ADDRESS		9.	PERMANENT ADDRESS	
	House No./Flat No.			House No./Flat No.	
	Ward/Wado:	Village:		Ward/Wado:	Village:
	City/Taluka:	District:		City/Taluka:	District:
	Pin:			Pin:	
	Phone : (R) (M)			Email:	

10. Academic Achievements (attach certificate copies of statement of B.Pharm Marks)

Examination	College	Univesity	Month & year of passing	Aggregate Marks Sem I to VIII	CGPA	Class	No. of attempts
B.Pharm							

Details of B.Pharm Marks

Semester	SGPA	Marks
I		
II		
III		
IV		
V		
VI		
VII		
VIII		
Aggregate Final CGPA of Sem 8		**Total Aggregate Marks**

Signature of the Student: _____

GPAT 2026 (attach certified copy of GPAT Score Card)

Examination	Year of passing	Score	All India Rank
GPAT 2026			

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CGPA: _____

30% of final B.Pharm aggregate Score (I)	70% of valid GPAT Score (II)	Sum of (I + II)

DECLARATION OF APPLICANT

Certified that I Mr./Ms. _____

accept the provisions of the prospectus and have enclosed the self attested copies of all certificates in the proper order as required & submitted the application form complete in all respects. In the event of my application found to be deficient or incomplete it may be rejected by the admitting authorities and I shall be held responsible for the same.

I Mr./Ms _____ hereby declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect or ineligible being detected before or after the admission, appropriate action as deemed fit by the Competent Authority can be taken against me.

PLACE : _____

DATE : _____ **(Signature of the Applicant)**

Name (Write in Capital letters)

12. DECLARATION BY PARENT/GUARDIAN OF THE APPLICANT

I. Shri/Smt. _____ aged _____ years, Father/Mother/Guardian of Mr./Ms. _____ resident of Village/Town _____ District _____ in the state of _____ hereby declare that, I have read and accepted the provisions of the prospectus and the particulars furnished in the application are correct to the best of my knowledge and belief. I declare that I shall be held responsible for timely payment for all fees and other charges in respect of my son/daughter/ward during the period of his/her studies in the college. I hereby declare that the Institute will not in any way be held responsible for accidents/injuries caused to my ward if any during the Classes, Practicals, Industrial training, Educational Tours, Sport activity etc.

(Parent/Guardian Signature):

Place : _____

Name (In Capital letters)

Date : _____

Contact No. (M) _____

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For Office Use only

M.Pharm Students

Application No. : _____

Received on : _____

Registration No. : _____

Admitted on. : _____

Fee Receipt No. : _____

Date : _____

Signature of the Principal