

This form is for Research Scholar who wish to pursue B.Pharmacy / M.Pharmacy / Ph.D / M.Sc / Other Research work at NISHKA Labs.

**APPLICATION FORM**

**1. PERSONAL DETAILS**

|   |  |
|---|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other: | <b>Date of Birth</b>   |
| Family name:  | DD / MM / YY   |
| First name:   | <b>Gender:</b> <input type="checkbox"/> <input type="checkbox"/> |
| Other names:  | Male Female  |

ATTACH PHOTO HERE

**2. CONTACT DETAILS OF RESEARCH SCHOLAR**

|                       |                               |                       |
|-----------------------|-------------------------------|-----------------------|
| <b>Email Address:</b> | <b>Home telephone number:</b> | <b>Mobile number:</b> |
|                       |                               |                       |

|                             |                               |
|-----------------------------|-------------------------------|
| <b>My Institute address</b> | <b>My residential address</b> |
|                             |                               |

**3. CONTACT DETAILS OF GUIDE**

|              |                       |                       |
|--------------|-----------------------|-----------------------|
| <b>Name:</b> | <b>Email Address:</b> | <b>Mobile number:</b> |
|              |                       |                       |

**4. ACADEMIC BACKGROUND**

| Date | Institute | Documentation  |
|------|-----------|--|
|      |           | <input type="checkbox"/> Attached <input type="checkbox"/> To Follow |
|      |           | <input type="checkbox"/> Attached <input type="checkbox"/> To Follow |

**5. PROPOSED RESEARCH WORK**

| Term Applying                    | Department / Specialization | Year |
|----------------------------------|-----------------------------|------|
| <input type="checkbox"/> B.Pharm |                             |      |
| <input type="checkbox"/> M.Pharm |                             |      |
| <input type="checkbox"/> Ph.D    |                             |      |
| <input type="checkbox"/> M.Sc    |                             |      |
| <input type="checkbox"/> Others  |                             |      |

**6. STUDENT DECLARATION**

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorise the NISHKA Labs to obtain information concerning my academic record from College, university or other institution attended by me. If I am accepted as a student at NISHKA Labs, I hereby agree to abide by all the rules and regulations of the NISHKA Labs. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

I hereby declare that the information furnished in this application form is complete, accurate and true and understand that submission of inaccurate and false information would be sufficient cause for denial of admission or termination of enrolment at anytime during the entire period of the course.

Signature: \_\_\_\_\_

Date:        /        /

**NOTE**

- The application should be signed by the candidate.
- Every application form must be accompanied by the following:
  - A registration fee of Rs.3,000/- (2,000/- non-refundable & 1,000/- Refundable) for M.Pharm/M.D.S/B.Pharm/M.Sc
  - A registration fee of Rs.5,000/- (Non-refundable) for Ph.D
  - Three passport size photographs in color.
  - Write Briefly: Why you are interested in taking this course. (write in separate paper and attach with application)

FOR OFFICE ONLY

**FEES REMITTANCE SLIP (FOR OFFICE ONLY)**

Regn.No \_\_\_\_\_

Ref.No./Folio \_\_\_\_\_

Name of the candidate: \_\_\_\_\_ Course: \_\_\_\_\_

Date of registration: \_\_\_\_\_ Amount Payable: \_\_\_\_\_

| DATE | MODE OF PAYMENT | AMOUNT PAID |
|------|-----------------|-------------|
|      |                 |             |
|      |                 |             |
|      |                 |             |