



REGIONAL INSTITUTE OF PARAMEDICAL & NURSING SCIENCES
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

ZEMABAWK: AIZAWL

MIZORAM – 796017

APPLICATION FORM FOR M.PHARM COURSE 2015 – 2016

**Attach
Passport size
photo**

1.	NAME OF THE APPLICANT (As appeared on HSLC)	
2.	MALE/FEMALE	
	CATEGORY (General/OBC/SC/ST/PWD)	
3.	FATHERS' NAME	
4.	MOTHERS' NAME	
5.	DATE OF BIRTH	
6.	PERMANENT ADDRESS	H.No. : _____ Street : _____ City : _____ District: _____ State : _____ Pin Code : _____ Phone no: _____
7.	ADDRESS FOR CORRESPONDENCE (with email and phone number)	Same with the above: Yes/No H.No. : _____ Street : _____ City : _____ District: _____ State : _____

		Pin Code : _____ Phone no: _____ E – mail: _____
8.	NATIONALITY	
9.	NAME OF THE COLLEGE WHERE THE STUDENT PASSED B.PHARM	
	NAME OF THE UNIVERSITY	
	YEAR OF PASSING B.PHARM	

12.	PERCENTAGE OF MARKS OBTAINED IN 4 YEARS B.PHARM COURSE	Year/ Semester	% of Marks	Division	No. of Attempts	Year of passing
		1 st yr/ 1 st sem.				
		2 nd sem.				
		2 nd yr/ 3 rd sem.				
		4 th sem.				
		3 rd yr/ 5 th sem.				
		6 th sem.				
		4 th yr/ 7 th sem.				
		8 th sem.				
		Overall/ percentage				
13.	GPAT	Scored		Year		
14.	OTHER QUALIFICATIONS	CLASS	BOARD	YEAR OF PASSING	% OF MARKS	DIVISION
		HSLC				
		PU(Sc)/ HSSLC(Sc)				
15.	SPECIALIZATION APPLIED FOR 1. Pharmaceutics 2. Pharmacology 3. Pharmaceutical Chemistry 4. Pharmacognosy&Phytochemistry) <i>Please select and filled as per Your preferences subjected to availability at the time of counselling</i>	1 st preference : _____				
		2 nd preference : _____				
		3 rd preference : _____				
		4 th preference : _____				

I declared that the above information is true and correct to the best of my knowledge and belief. If I am found to be false or incorrect, I shall forfeit the claim to be considered for seat in M.Pharm.

I aware that if I get admitted to this Institution and if I indulge in ragging, I will be terminated from the College.

Signature of Parents/Guardian

Signature of Candidates

Date: _____

Place: _____

FOR OFFICE USE

1.	Sl.No of Application	
2	Date of receiving application	
2.	Selected/Not selected	
3.	Specialization offered	

Date: _____

Signature of Director

RIPANS

Date: _____

Head, Dept. of Pharmacy

RIPANS

CHECK LIST:- The followings are to be attached with the application.

1. Residential Certificate for candidate residing in Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura.
2. OBC/SC/ST/PWD certificate
3. Marksheets and Certificates of B.Pharm (all year/semester)
4. GPAT - score card
5. Other qualifications (marksheets & certificate)
6. Two extra copies of recent colour passport size photo.

IMPORTANT NOTES:

1. Application form should be submitted latest by 15th September, 2015 4:00PM via online at email **ripanspharmacy@gmail.com** without attachment. The same application with all attachment should be carried at the time of Interview.
2. It is compulsory to produce Original Certificates, Mark sheets etc. at the time of Interview.
3. Student who are waiting for their final result may also submit online application. However, they should complete the form with all attachments at the time of Interview.
4. The personal interview shall be conducted on 22nd September, 2015, 11:00AM at the Conference Hall, RIPANS.

INSTRUCTION FOR M.PHARM APPLICANTS:

1. Download the application form.
2. Fill up the form and attached passport size photograph and sent through email at ripanspharmacy@gmail.com without attachment.
3. The application form with all attachment should be carried at the time of interview.

ELIGIBILITY CRITERIA

A person who has passed B.Pharm examination from recognized University securing not less than 55% of the maximum marks (aggregate of four years).

For SC/ST/OBC and physically challenged candidate, the prescribed percentage of marks shall be 50% of the maximum mark in qualifying examination.