

**[APPENDIX – 1]
PROFORMA TO BE ATTACHED WITH EVERY
APPLICATION FOR D.PHARM CERTIFICATE**

**Fix passport
size photo
attested by
Principal**

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|----|--|--|
| 1 | NAME OF THE CANDIDATE (AS PER 10TH SSLC OR 12TH II PUC MARKS CARD ONLY) | |
| 2 | FATHER'S NAME (AS PER 10TH SSLC OR 12TH II PUC MARKS CARD ONLY, IF NOT INDICATED IN THE MARKS CARDS MENTION IT AS PER SSLC TC) | |
| 3 | CANDIDATE'S PERMANENT POSTAL ADDRESS | |
| 4 | NAME OF THE COLLEGE | |
| 5 | REGISTER NO: PART I PART II | |
| 6 | D.PHARM PART I EXAM COMPLETED IN (WRITE MONTH & YEAR) | |
| 7 | D.PHARM PART II EXAM COMPLETED IN (WRITE MONTH & YEAR) | |
| 8 | NAME AND POSTAL ADDRESS OF THE INSTITUTION/ HOSPITAL/ ORGANISATION WHERE THE CANDIDATE UNDERWENT TRAINING | |
| 9 | DRUG LICENCE NO. OF THE FIRM/ORGANISATION | |
| 10 | NAME OF THE PROPRIETOR / PARTNER OF THE FIRM/ORGANISATION | |
| 11 | QUALIFIED PHARMACIST'S NAME REGISTRATION NO. & THE STATE | |
| 12 | NO. OF QUALIFIED PHARMACISTS AVAILABLE | |
| 13 | NO. OF STUDENTS BEING TRAINED IN THAT PERIOD | |
| 14 | PERIOD OF TRAINING (IN HOURS) SPREAD OVER (IN MONTHS) WRITE TRAINING PERIOD IN DD/MM/YY | _____ HOURS _____ MONTHS FROM _____ TO _____ |

Note: the above details are mandatory & to be filled by the candidate.

CANDIDATE'S SIGNATURE

I certify that the information given above is true and the signature of the student is attested.

DATE:

SIGNATURE OF THE PRINCIPAL WITH SEAL

FOR THE USE OF BEA ONLY

**VERIFIED
REMARKS:**