



SVB'S COLLEGE OF PHARMACY

Accredited by National Board of Accreditation for B. Pharmacy Program (2022-2025)



Application for Admission to Ph.D.

Name of Applicant _____

Date of Birth (DD/MM/YYYY) _____

Address for Communication _____

Contact Number _____ Email id. _____

Educational Qualification

| Degree | Specialization | Year of Passing | College and University | Class / Pointer |
|-----------------|-------------------------|-----------------|------------------------|-----------------|
| B.Pharm | Pharmaceutical Sciences | | | |
| M.Pharm | | | | |
| GPAT/ GATE/ PET | | | | |
| Any other | | | | |

Publications

Presentations

Patents if any

Current Occupation

Any other information

Undertaking:

The information provided above is true as on date

Signature of the candidate with date

