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| logo new | **POKHARA UNIVERSITY**  **Faculty of Health Sciences**  **School of Health and Allied Sciences**  **APPLICATION FORM FOR Scholarship Quota**  **2017 AD (2074 BS)**  **Master of Pharmaceutical Sciences (M. Pharm.)** | Recent  Passport Size Photo |

Registration Number/Roll No: (official purpose only):…………………….....................

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| **Personal details** | | | | | | | | | | |
| Name (CAPITAL LETTERS) | |  | | | | | | | | |
| Date of birth (D/M/Y) | BS |  | | AD | |  | | | Gender |  |
| Contact number |  | | | Email | |  | | | | |
| Father's name |  | | | | | | Mobile |  | | |
| Mother's name |  | | | | | | Mobile |  | | |
| Guardian’s name |  | | | | | | Mobile |  | | |
| Permanent address | District | |  | | Municipality/ VDC | | |  | | |
| Ward No. | |  | | Block / Tole | | |  | | |
| **Date of examination** |  | | | | | | | | | |
| **Time of examination** |  | | | | | | | | | |
| **Exam center** | School of Health and Allied Sciences, Pokhara Lekhnath -30, Kaski, Nepal | | | | | | | | | |
| **Program details (Tick on interested program at proper space. Application for both programs is possible)** | | | | | | | | | | |
| |  |  | | --- | --- | | M. Pharm. (NPC): | M. Pharm. (CP): |   **Academic qualification** | | | | | | | | | | |

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| Level Passed | Board or University | Institution | Full  Marks | Marks / GPA obtained | | Major Subjects |
| Total | % |
| B. Pharm. |  |  |  |  |  |  |
| 10+2 or Equivalent |  |  |  |  |  |  |
| SLC or Equivalent |  |  |  |  |  |  |

I hereby declare that the details given above are correct and I bear the sole responsibility for disqualifying my application due to incomplete or incorrect information. I unconditionally agree to abide by the rules and regulations of Pokhara University.

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Applicant's signature Date

**Official use only**

Verification by Account Section: Signature ……………………… Date: ……………………………..

Verification by Entrance Examination Committee: Signature ……………………… Date: ……………………………..

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| |  |  |  | | --- | --- | --- | |  | **POKHARA UNIVERSITY**  **Faculty of Health Sciences**  **School of Health and Allied Sciences**  **Entrance Examination**  **2017 AD (2074 BS)**  **Master of Pharmaceutical Sciences (M. Pharm.)**  **Entrance card** | Recent  Passport Size Photo | |  |  |

Registration number/Roll No: (official purpose only):……………………...

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (CAPITAL LETTERS) | |  | | | | | | | |
| Date of birth (D/M/Y) | BS |  | | AD | |  | | Gender |  |
| Contact number |  | | | Email | |  | | | |
| Father's name |  | | | | | Mobile No |  | | |
| Mother's name |  | | | | | Mobile No |  | | |
| Permanent address | District | |  | | Municipality/ VDC | |  | | |
| Ward | |  | | Block / Tole | |  | | |
| **Date of examination** |  | | | | | | | | |
| **Time of examination** |  | | | | | | | | |
| **Exam center** | School of Health and Allied Sciences, Pokhara Lekhnath -30, Kaski, Nepal | | | | | | | | |

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Applicant's signature Date

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Authorized signature Date Office Seal

**Instructions to the applicant**

1. Applicant will NOT be allowed to enter into the examination hall without valid admission card. If lost, a provisional card will be issued on application along with payment of NRs. 300 and a recent photograph one hour before exam.
2. Candidate must arrive at the examination hall 15 MINUTES before the commencement of examination.
3. Candidate will NOT be allowed to enter the examination hall 15 MINUTES after the commencement of examination time.
4. Candidate MUST follow the assigned seat plan in the examination hall.
5. Any form of misconduct or incriminating activities found during or after examination shall result in the CANCELLATION of his/her entrance examination without any warning.
6. Candidate is STRICTLY PROHIBITED to bring any kind of mobile phone, camera, programmable calculator or other electronic devices in the examination hall.