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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.)** | RecentPassport 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)** |
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| M. Pharm. (NPC):  | M. Pharm. (CP):  |

**Academic qualification** |

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| Level Passed | Board or University | Institution | FullMarks | 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: ……………………………..

**Eligibility for application and admission for M. Pharm.**

B. Pharm or equivalent degree as recognized by Pokhara University with CGPA 2.5 out of 4 scale or equivalent relative conversion in case of other grading systems or 55% in percentage system.

**Documents to be submitted**

* Completely filled and duly signed application form.
* Three copies of recent passport size photographs.
* Self-attested copies of academic documents (mark sheet/transcript, character certificate) for SLC and above, along with migration certificate, council certificate and citizenship certificate.
* Candidates who fail to submit all the documents by the deadline will not be allowed to attend entrance examination.
* Applicant must bring the original copies of academic documents while submitting the application form for verification.

**Application and examination fee**

* Applicant should pay NRs. 1000 (nonrefundable) for application form.
* Above mentioned amount should be deposited in the given bank accounts of **FAC. OF HEALTH SCIENCES (PU)**;
	+ Current Account Number – 01700300058337000001 (Kamana Bikash Bank Ltd., Dhungepatan Branch)
	+ PRIVILEGD Current Account Number – 01504886PC (Nepal Bangladesh Bank Ltd., Pokhara Branch)

**Entrance syllabus**

**M. Pharm.(Clinical Pharmacy):**

Pharmacology (25%), Pharmaceutics (Physical Pharmacy, Dosages Forms and Formulation, Industrial Pharmacy) (25%), Pharmaceutical Chemistry (25%) and Biopharmaceutics and Clinical Pharmacy (25%)

**M. Pharm. (Natural Products Chemistry):**

Pharmacology (25%), Pharmaceutics (Physical Pharmacy, Dosages Forms and Formulation, Industrial Pharmacy) (25%), Pharmaceutical Chemistry (25%) and Pharmacognosy (25%)

**Question pattern and evaluation**

* There will be 100 multiple choice questions based on the syllabus mentioned above.
* Evaluation will be based solely on entrance scores. If entrance score coincides, percentage score of highest academic qualification will be taken into account.
* The selection criteria of students will be on the basis of merit.
* Admission committee will bear the sole responsibility if any controversies.

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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** | RecentPassport Size Photo |

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

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| **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.