

Ph.D. (Pharmaceutical Sciences) SCHOLARSHIP APPLICATION FORM

1. Applied for the Academic year: _____

2. Personal Information

Name of the Student:

(First name) (Middle name) (Last name)

Student No. _____

Nationality _____ Gender M F

Date of Birth _____ (dd/mm/yyyy)

Phone / Mobile No _____ Email ID _____

Current Address:

Permanent Address:

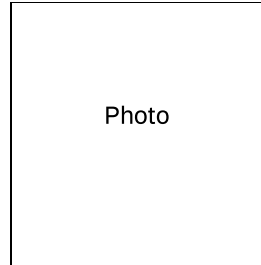
3. Specialisation Name _____

4. Any previous training / experience in related field: _____

5. Justification to the need of Scholarship _____

Note:

1. Scholarships are awarded on a yearly basis, once you are awarded with the scholarship it will continue throughout the program.



Photo

2. Application must be received along with the Registration Form / Admission form, and admission offer letter. Scholarship recipients will be notified by email of the scholarship committee's decision.
3. Scholarship scheme is open only for the sincere aspirants. The scholarship will stand cancelled immediately if a student is found indulging in any wrong activity.
4. A student will not be entitled to avail the scholarship in case of re-admission.

Hereby, I certify that the information on this application is true to the best of my knowledge. I have read the above and will try to do best of my efforts.

Date

Signature of the student

Approved by:

Dean

Pro-VC

Pro-VC

VC