

APPLICATION FORM

How to fill the application form:

Candidates are requested to go through the Prospectus before filling the application form.
Candidates are instructed to download the forms for UG/PG course as applicable.

1. Item (2) write the name of the institution as seen in the prospectus
2. Item (1,4,5,7,8,9,10) make entries as shown in the S.S.L C book
3. Item No.14 – all the entries of the relevant columns should be made.
4. Filled in admission card should be sent and along with application, if the course selected has an entrance test by the University.
5. On the top of the envelope write the following – as the case may be- Name of the courses and subjects, whether NRI, Entrance Test, course opted for, reservation status etc.
6. Recent passport size photographs self attested by the candidate should be pasted. One on the application form and other on the admission card (if applicable).
7. Fees to be paid by way of pay-in-slip/DD drawn in favour of The Director, Centre for Professional and Advanced Studies payable at SBI, Gandhinagar Branch, Kottayam Current A/c No.36906228308 branch- Code- 70111.
8. Item No.22 (for sponsored candidates) need to be filled in by applicable candidates only.
9. **Checklist** of documents enclosed:
 - i) Duly completed application form with photograph self attested
 - ii) Demand Draft/Pay-in-slip for Rs. 400/- (for SC/ST candidates Rs. 200/-). Full postal address with PIN Code of the applicant is to be entered on back side of the counter foil of pay-in-slip in block letters.
 - iii) Two self addressed stamped envelope of size 24 cm 12 cm.
 - iv) Self attested copies of marklists of the qualifying and other exams.
 - v) Self attested copies of pass certificate/certificates,/Provisional certificates of the qualifying exams.
 - vi) Self attested copy of TC
 - vii) Self attested copies of certificates to prove claims based on reservation (caste), Children of ex-service personnel, etc.
 - viii) Self attested copies of relevant page of SSLC to prove age.

Use pen having either pure black or pure blue ink only to fill the application form

ix) Abbreviations:

ET - Ezhava/Thiyya; **OBH** – Other Backward Hindu; **SC** – Scheduled Caste; **ST** - Scheduled Tribe; **MU** – Muslim; **AILC** - Anglo Indian/Latin Catholic; **OBX** - Other Backward Christian; **VK** - Viswakarma and related communities; **DE** - Dheevara and related communities; **KS** - Kusavan and related communities; **KU** – Kudumbi; **RW** - Regional Weightage; **EX** - Ex-Servicemen quota; **PH** - Physically Handicapped; **DP** - Diploma Holder

CENTRE FOR PROFESSIONAL AND ADVANCED STUDIES

(Established by the Government of Kerala)
(Previously run by Mahatma Gandhi University)
Head Office: School of Medical Education,
Gandhinagar, Kottayam, Kerala Pin: 686008

Application Form for Admission to UG Programmes
2017-18

Photograph
(Self attested
by the
candidate
over the
photograph)

NOTE: MAKE ENTRIES IN CAPITAL LETTERS, TICK (✓) THE RELEVANT ENTRIES

1. Name of the Applicant										
2. Name of the Institution	SME / STAS / SALS / ICJ / ILIS / IAC									
3. Course/Courses opted for	Name of Course									
	1.					5.				
	2.					6.				
	3.					7.				
	4.					8.				
4. Sex	M	F								
5. Date of Birth	Date			Month			Year			Age
6. Place of Residence							Panchayat/ Municipality			
Taluk:	Dist:						State:			
7. Nationality										
8. Name of Father							Name of Mother			
9. Name of Guardian							Relationship			
10. Seat Category	General category						NRI Category			
11. Religion							Caste			
12. Reservation Category as applicable**	ET	SC	ST	MU	OBH	OBX	AILC	VK		
	DE	KS	KU	EX	PH	RW	DP			

**Refer prospectus for details of abbreviations.

15. Registration Fee Particulars

Demand Draft /Pay-in-Slip No.		Amount Rs.		Date of Issue	
Issuing Bank			Branch		

16. Achievement in Sports and Games

Item	Position	Level-University/State/Nation	Year	Organised By

17. Participation in NSS/NCC

Certificate	No	Name of Course & College	Year	Reg.No & Year of Exam	Other Information

18. Whether Orthopaedically handicapped

If yes, give details

19. Annual Income of the family
Rs.
Declaration

I do hereby declare that the statements given in the application are true to the best of my knowledge and belief. The original certificates shall be produced during the time of interview or admission. I know that if the information given is found to be fraudulent, I shall be liable for criminal prosecution. I have gone through the instructions in the Prospectus and I agree to abide by the rules and regulations and conditions prescribed by the CPAS for admission to the course. I agree to be transferred to a different centre of study if the CPAS decides to do so. I agree to pay the prescribed fees stipulated by the CPAS.

Name & Signature of
Parent/Guardian

.....

Name & Signature of Applicant

.....

Place

Date

20. Self attested copies of all supporting documents detailed in the Application form Sl. No. 9 Check list

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Application Form for Admission to PG Programmes

2017-18

Photograph
(Self
attested by
the candidate
over the
photograph)

NOTE: MAKE ENTRIES IN CAPITAL LETTERS, TICK (✓) THE RELEVANT ENTRIES

1. Name of the Applicant											
2. Name of the Institution	SME / STAS / SALS / ICJ / ILIS / IAC										
3. Course/Courses opted for PG	Name of Course										
	1.					3.					
	2.					4.					
4. Sex	M	F									
5. Date of Birth	Date			Month			Year			Age	
6. Place of Residence							Panchayat/ Municipality				
	Taluk	Dist.			State						
7. Nationality											
8. Name of Father						Name of Mother					
9. Name of Guardian						Relationship					
10. Seat Category	General category			NRI category							
11. Religion						Caste					
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	DE	KS	KU	EX	PH	RW	DP				

**Refer prospectus for details of abbreviations.

13 Permanent Address							Address for Communication							
Dist.							Dist.							
Pincode							Pincode							
Mobile No. 1.							Tel. No./Land No.							
2.														
E-mail:														
14. Details of the Qualifying Examinations (to be supported by copies of mark lists and certificates)														
Exam	University /Board	Reg. No.	Year / Month	Subject	Max. Marks	Marks/ Grade Secured	% of Marks	Class	No. of chances					
i) Graduation 3 year course				English										
				2 nd Language										
				Main Subject/ Optionals										
				Subsidiaries										
				1.										
				2.										
				Total for Main & Sub										
				Grand Total										

Exam	University /Board	Reg. No.	Year / Month	Semester	Credit	Secured Credit	SGPA				
ii) Grading system				1							
				2							
				3							
				4							
				5							
				6							
				7							
				8							
				CGPA							
Exam	University /Board	Reg. No.	Year / Month	Subject	Max Marks	Marks Secured	% of Marks	Class	No. of Chances		
iii) Four year course				I year							
				II year							
				III year							
				IV year							
				Total							
iv) Name & Address of the Institution where the applicant studied:				Whether approved by – Please (√)							
				AICTE		PCI		INC		KNC	
v) Kerala Nursing/Pharmacy Council Reg.No & Date:											
Regn. No.				Date:			State:				
vi) GATE/GPAT Score				Year of qualifying							

vii)Post Graduation									
viii)Others									

15. Experience

Designation	Institution	From-To	Years	Regn. No.

16. Registration Fee Particulars

Demand Draft/Pay- in-Slip No.	Amount Rs.	Date of Issue
Issuing Bank	Branch	

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Name & Signature of Applicant

Name & Signature of
Parent/Guardian

.....

.....

Place

Date

21. Self attested copies of all supporting documents detailed in the application form Sl. No. 9: check list

22. To be filled by the *sponsored candidates* only. Name and category of the sponsoring authority.

Name:					
Category	Company	University	Educational Institution	Govt. Dept	Govt autonomous organization

Certificate

Certified that Mr/Mrs..... Is holding post of.....in this institution fromonwards till date and that he/she continues service/research has an experience ofyears months as on. This institution has the privilege to sponsor Mr/Mrs..... to be sponsored candidate for seeking admission to M Pharm degree course inand also inform that the candidate will not be withdrawn from the course of study by this institution.

Signature of the sponsoring authority:

Name

Place:

Date:

Designation & Address:

Seal