# APPLICATION FOR M. PHARM & PHARM D SCHOLARSHIP

# PART – A

1. **Name of the Student:**
2. **Contact Details:**

 **Mobile No: Email ID:**

1. **Pharm. D / M. Pharm:**

College / Institution Name:

* 1. Period of study:
1. **B. Pharm(If applicable):**

 College / Institution Name:

 Year of Completion (Mention the no. of years):

 % of marks obtained:

 Class / Grade:

**5. Subject of the Project Work:** a) Pharmaceutics

 (The subject in which the project work b) Pharmaceutical Chemistry

 would be carried out) c) Pharmaceutical Analysis

 d) Pharmacology

 e) Pharmacognosy including

 Phytopharmacy & Phytomedicine

 f) Pharmacy Practice

 **g) Clinical Pharmacy – For Pharm. D Students only**

**6. Name of the Guide (s):**

1. **Project Details:**
	1. Project Title:
	2. Date of commencement:
	3. Expected date of completion:

**8. Has a similar project been done at your college / elsewhere:**

* 1. Title of previous project:
	2. Improvements suggested:

## PART – B

(**TO AVOID REJECTION, please do not mention the name of the institution, location or name of any person while filling this part**, and **synopsis** **should be only in English)**

**1. Project Title** :

**2. Objective(s) of the Project** :

**3. Project Work Methodology** :

 **4. Parameters involved** :

* 1. Capacity of the device :
	2. Power utilization :
	3. Application of surveys :
		1. Variables to be studied:
		2. Criteria for sample selection and size of the sample:

**5. Budget:**

* 1. Cost of materials:
	2. Cost of equipment (Only new equipment to be included):
	3. Cost of labour:
	4. Travel cost (if any):
	5. Any other details:
1. **Short abstract of the work to be carried out:**

 **(The synopses should be --- not less than 2 pages and not more than 8 pages)**

* 1. Progress of work completed till **mid September 2018**:
	2. Work to be carried out for completing the Project:

## PART – C

### CERTIFICATE

We certify that Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a bonafide student of final year Pharm. D / M. Pharm of this institution. The project is in progress and will be completed during the academic year 2018 – 2019 and a copy of the final report from the awardees will be submitted at the end of the year to the Trust.

Signature of the HOD / Guide Signature of Principal

 Head of Institution Seal

**Place:**

**Date:**