

# APPLICATION FOR M. PHARM & PHARM D SCHOLARSHIP

## PART - A

1. **Name of the Student:**

2. **Contact Details:**

**Mobile No:**

**Email ID:**

3. **Pharm. D / M. Pharm:**

College / Institution Name:

Period of study:

4. **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:**

(The subject in which the project work would be carried out)

a) Pharmaceutics

b) Pharmaceutical Chemistry

c) Pharmaceutical Analysis

d) Pharmacology

e) Pharmacognosy including

Phytopharmacy & Phytomedicine

f) Pharmacy Practice

**g) Pharm. D**

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

7. **Project Details:**

a. Project Title:

b. Date of commencement:

c. Expected date of completion:

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

a. Title of previous project:

b. 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 :**

4.1 Capacity of the device :

4.2 Power utilization :

4.3 Application of surveys :

4.3.1 Variables to be studied:

4.3.2 Criteria for sample selection and size of the sample:

**5. Budget:**

5.1 Cost of materials:

5.2 Cost of equipment (Only new equipment to be included):

5.3 Cost of labour:

5.4 Travel cost (if any):

5.5 Any other details:

**6. Short abstract of the work to be carried out:**

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

6.1 Progress of work completed till **mid September 2019**:

6.2 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 2019 – 2020 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:**