

F.No. 10/1407/Acad/DPSRU/2020/10338-10347

Date: 26/11/2020

### Ph.D. Admissions

Application are invited from the candidates who have passed M. Pharm. with 60% marks (5% relaxation to SC/ST candidates) and wish to join full time Ph.D. program in Pharmacy in DPSRU.

The application has to be submitted with prescribed form and the admission processing fee Rs. 1000/- (One Thousand Only) submitted online on or before 5:00 pm of **December, 24<sup>th</sup> 2020**. The application has to be addressed to 'The Dean Academics, Delhi Pharmaceutical Science and Research University, Pushp vihar, Sector 3, MB Road, New Delhi-110017 and submitted at Email id at [deanacademicsdpsru@gmail.com](mailto:deanacademicsdpsru@gmail.com).

The specialization/disciplines currently available at DPSRU are as follow:

- Pharmacology
- Pharmaceutics
- Pharmaceutical Chemistry
- Pharmacognosy
- Quality Assurance
- Pharm. Management
- Physiotherapy

Total no. of seats will depend on the number of vacant seats available with the supervisor as the supervisor has a right to take less number of students depending upon the other assignments to him/her.

### Eligibility for Admission:

- 1) Master degree with at least 60% marks in aggregate in Pharmaceutical Sciences/ Physiotherapy or Business Studies.
- 2) A relaxation of 5% in marks in eligibility condition will be applicable for SC/ST candidates for admission in Ph.D. programme.
- 3) The minimum percentage marks may be relaxed at the discretion of the Vice Chancellor ratified by the Academic Council in case of candidates who have passed their postgraduate examination before 1987.
- 4) The application will be scrutinized and successful candidates have to appear for the Entrance examination.
- 5) An Entrance Test shall be conducted will qualifying marks as 50%. The syllabus of the Entrance test shall consist of 50% of research methodology and recent advances in Pharm. Sciences and 50% shall be subject specific. The Entrance test shall be conducted at the centre(s) notified in advance (changes of centres, if any, also to be notified will in advance).
- 6) The candidate who have qualified for the entrance test, shall not have a right of enrolment for Ph.D. program. However, the scores will be valid for a period of 2 years from the application of result of the Entrance Test.
- 7) An interview will be organized where the candidates are required to discuss their research/interest/ area through a presentation.

**Details of available seats**

S. No.	Specialization	No. of vacant seats
1	Pharmacology	10
2	Pharmaceutics	20
3	Pharm. Chemistry	15
4	Pharmacognosy	14
5	Quality Assurance	08
6	MBA	05
7	Public Health	05
8	Physiotherapy	08

Further, the list of faculty is available on the website of the university.



Registrar, DPSRU

**Copy to:**

1. PS to Hon'ble Vice Chancellor
2. PA to Registrar
3. Director, DIPSAR
4. Director, SPS
5. Dean, Academics
6. Dean, Student's Welfare
7. HOD, School of Allied Health Sciences
8. HOD, Physiotherapy
9. Ms. Jyoti (To upload on the website)
10. Guard File

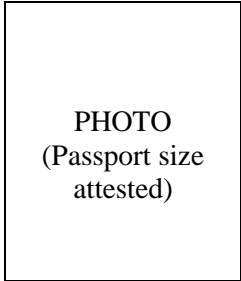
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI  
**DELHI PHARMACEUTICAL SCIENCES AND RESEARCH UNIVERSITY (DPSRU)**  
PUSHP VIHAR, SECTOR-III, M.B. RAOD, NEW DELHI – 110 017

**Ph.D. Admission Form**

For Office use only

Ph.D. \_\_\_\_\_ Specialization \_\_\_\_\_

Reg. No.....	Form No.....	Date.....
Category G/ SC/ ST/ OBC	Religion: .....	
B. Pharm. /BPT/Other Course Year.....	Name of the University/Institute.....	
.....		
M. Pharm. /MPT/Other .....	Name of the University/Institute.....	
.....		
PG Marks secured (I Sem./I Yr. to Final Yr./Sem.).....		Max. Marks.....
GATE/GPAT Rank.....		Year.....Percentile.....



**PLEASE FILL UP THE FORM**

1. Name of the Candidate (in capital letters).....
2. Father's/Guardian's Name .....
3. Mother's Name .....
4. Date of Birth.....
5. Correspondence Address .....
- .....
6. Permanent Address .....
- .....
7. Phone No. (With code).....
8. Mobile No.....

9. E-mail.....

10. Nationality .....

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**ACKNOWLEDGEMENT SLIP**

**Combined % .....**

**Name of the Applicant .....**  
(To be filled by the candidate)

**Registration No .....**  
(To be given by office)

**Date of Registration .....**

Signature of the Receiving Officer  
with Stamp of the Institute

**TO BE FILLED BY APPLICANTS ONLY**

Exam Passed	Board/ Univ.	Roll No.	Year of Passing	No. of attempts	Max. Marks	Marks secured	Percent age (%)
B. Pharm. /BPT/Other Final year							
PG 1 <sup>st</sup> Sem.							
PG 2 <sup>nd</sup> Sem.							
PG 3 <sup>rd</sup> Sem.							
PG 4 <sup>th</sup> Sem.							
Total of M. Pharm. /MPT/Other Marks							

GPAT/Other Competitive Exam	Qualified/ Not Qualified				(Percentile)	(Rank)

*If any fellowship, specify* .....

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**Choice of specialization in the order of preference (including interdisciplinary, if applicable)**

1. .... 2. .... 3. .... 4. ....

**Choice of Supervisors in order of preference**

1. .... 2. .... 3. .... 4. ....

**Date:** \_\_\_\_\_

**Signature of the applicant**