



**OFFICE OF THE REGISTRAR :: DIBRUGARH UNIVERSITY :: DIBRUGARH**

Memo No: DU/DR-A/Admission- B.Pharm.(Practice)/23/ ৪৪৫

Date: 25.08.2023

**THIRD ADMISSION NOTICE**

**B. Pharm. (Practice) Programme for the academic session 2023-2024**

Online Applications are invited against vacant seats from the eligible candidates for admission into **Two Year B. Pharm. (Practice)** Programme of Dibrugarh University for the academic session 2023-2024.

**Minimum qualification for admission to the Programme -**

- a. Passed Diploma in Pharmacy course from an institution approved by the Pharmacy Council of India under section 12 of the Pharmacy Act, 1948.
- b. A registered pharmacist.
- c. A minimum of four years of pharmacy practice experience in a community or hospital pharmacy–
  - i. A certificate from a competent authority stating that the candidate is endorsed as a registered pharmacist in the drug license of a pharmacy as proof of practice experience in the case of a community pharmacist
  - ii. A certificate from the Principal/Medical Superintendent/competent person of the Hospital/Health Unit stating that the candidate is working as a pharmacist will be accepted as proof of practice experience in case of a hospital pharmacist
- d. A No Objection Certificate from the employer in the prescribed format (Annexure -A)
- e. A declaration in the prescribed format (Annexure-B).

**Application Procedure for the Two Years B. Pharm. (Practice) Programme**

1. Application for **Two Years B. Pharm. (Practice) Programme** shall be through online mode only. No other means of application shall be accepted.
2. Online Registration for submission of Application Form will begin from **26.08.2023**. The last date for submission of application is **05.09.2023 (till 11.59 p.m.)**
3. For submission of the **Online Application Form**, intending candidates are advised to follow the following instructions:
  - a) For Online Application, please login to Admission Portal on <https://dibru.ac.in> or <https://erp.dibru.work/>
  - b) The Candidate needs to register on the portal by clicking the “Register” button and providing his/her name, mobile number and a password. The mobile number will be verified through an OTP. Please remember the password for login.

- c) After successful registration, the candidate needs to login using his/her mobile number and the password.
  - d) After login, the candidate needs to click on the “Apply” button corresponding to the link of “Two Years B. Pharm. (Practice) Programme” which will lead to an application form. *The candidate needs to fill up the application form step by step.*
  - e) After completion of the filling-up the Form Candidate needs to click the button “Submit and Review”. A preview of the filled-up form will be displayed. Candidates are advised to carefully cross-check the information and if anything needs to be corrected at this stage, they can go back and edit
  - f) After ensuring that all the information displayed on the Preview is correct, the candidate needs to click ‘*Pay now & Submit the application*’ and the pay the application fee of Rs 750/- only through online mode (Debit Card/Credit Card/Internet Banking).
  - g) The application form will be considered finally submitted only when the application fee is successfully paid by the candidate and an online receipt is generated confirming the payment.
  - h) There will be a button to download your Application Form for future reference.
  - i) The Submission of Online Application Forms shall be automatically closed after the last date.
4. There shall be no alternative procedure for Application for applying to the **Two Years B. Pharm. (Practice) Programme** and the University shall not receive the Application except the procedure mentioned at (2) above.

**Selection of the candidates will be on the basis of –**

- a) Statutory Reservation Policy as per the rules of the University. Unfilled/vacant reserved category seats will be filled up from other categories.
- b) A Government employee will get preference
- c) Period of service and date of superannuation
- d) Percentage of marks in Diploma in Pharmacy examination

➤ **Intake : 20 seats**

➤ **Fee Structure :**

*Course Fee: Rs.25,000/- per year*

*Admission Fee: As applicable to other Academic Programmers*

**Important dates:**

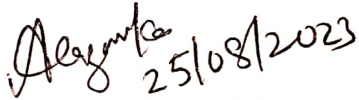
- i) Online Application process will begin from : 26/08/2023
- ii) Last date for receiving the online filled up application form : 05/09/2023
- iii) Tentative Date for declaration of merit list of the <sup>short</sup> ~~set~~ listed candidate : 06/09/2023
- iv) Tentative date for Counselling & Admission : 08/09/2023

*Note- Those who were selected earlier but failed to attend the counselling held on 21/08/2023 & 22/08/2023 may also attend the counselling scheduled on 08/09/2023.*

**Important Notes:**

1. Candidates seeking admission against reserved categories must submit Cast certificate issued by the Competent Government authority.
2. Incomplete or late receipt of applications will not be entertained.
3. Selected candidates will be called for counselling at the Department of Pharmaceutical Sciences, Dibrugarh University. No TA/DA is admissible for this purpose.
4. Candidates must bring their original documents and a set of certified Xerox copy of the documents and photo at the time of counselling.
5. Candidates selected must take admission on the specified date by paying the admission fee and course fee through online payment system only.
6. It is the responsibility of the candidate to obtain necessary permission from his/her office for Admission and for attending classes on regular basis.

Issued with due approval.

  
Deputy Registrar (Academic)  
Dibrugarh University.

**Copy to:**

1. The Vice-Chancellor, Dibrugarh University, for favour of kind information.
2. The Deans, Dibrugarh University, for favour of kind information.
3. The Registrar i/c, Dibrugarh University, for favour of kind information.
4. The Head, Department of Pharmaceutical Sciences, Dibrugarh University for favour of information
5. The Course Coordinator, B. Pharm. (Practice), Department of Pharmaceutical Sciences, Dibrugarh University for information and necessary action.
6. The Deputy Registrar (F&A) i/c, Dibrugarh University for information and needful
7. The Programmer, Dibrugarh University, with a request to upload the notice on the Dibrugarh University website
8. Files.

  
Deputy Registrar (Academic)  
Dibrugarh University.

**For inquiry please contact: 0373- 2370254 (office)**

**Annexure-A**

**Format for 'No Objection Certificate' from the Employer**

This to certify that ----- son/daughter of----- is working in this Institution/Pharmacy as----- since ----- and the undersigned has no objection if he/she gets himself/herself admitted in the Bachelor in Pharmacy (Practice) Programme for the session----- at Dibrugarh University.

He/She will be allowed to attend the programme and facilities will be provided for carrying out the assignments as part of course in this Institution/Organization.

Date:

Signature and seal of the authorized person.

**Declaration**

(To be submitted in a Non-judicial stamp paper of appropriate denomination along with the application form)

(The original has to be submitted to the office of the Coordinator)

I, Mr/Ms \_\_\_\_\_ Son/Daughter/Wife of \_\_\_\_\_  
a Registered pharmacist having Registration number \_\_\_\_\_ of  
\_\_\_\_\_ Pharmacy Council (Name of state Pharmacy Council) and working as a \_\_\_\_\_  
\_\_\_\_\_ (Position) at \_\_\_\_\_ (Name of Hospital) of District  
\_\_\_\_\_, hereby declare and affirm as follows-

1. That, I have submitted an application for admission into B. Pharm (Practice) course under Dibrugarh University.
2. That, (a) I have obtained/ (b) I have applied for due permission/No objection certificate (NOC) from/to the appropriate authority to study the aforementioned course. [Attach self-certified copy of the application in case of 2(b)].
3. That, In case of any procedural lapse in connection with the issue of NOC/permission, I shall be responsible for the consequences there off, if any.
4. That, my selection shall be on the basis of my submitted testimonials/documents only.

Signed on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature:

Name:

Address:

E-mail:

Phone (Mobile) number: