

# APPLICATION FOR M. PHARM SCHOLARSHIP

## PART – A

**1. Name of the Student:**

**2. M. Pharm:**

2.1 College / Institution Name:

2.2 Period of study:

**3. B. Pharm:**

3.1 College / Institution Name:

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

3.3 % of marks obtained:

3.4 Class / Grade:

**4. Subject of the Project Work:**

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

a) Pharmaceutics

b) Pharmaceutical Chemistry

c) Pharmacognosy including Phytopharmacy & Phytomedicine

d) Pharmacology

e) Pharmaceutical Analysis

f) Biotechnology

g) Pharmacy Practice

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

**6. Project Details:**

a. Project Title:

b. Date of commencement:

c. Expected date of completion:

**1. Has a similar project been done at your college / else where:**

a. Title of previous project:

b. Improvements suggested:

## **PART – B**

**(TO AVOID REJECTION, please do not mention anywhere the name of the institution, location or name of any person while filling this part)**

- 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:**
  - 6.1 Progress of work completed till **mid September 2008**:
  - 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 M. Pharm of this institution. The project is in progress and will be completed during the academic year 2008 –2009 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:**