

**GOVERNMENT OF BIHAR**  
**BIHAR COMBINED ENTRANCE COMPETITIVE EXAMINATION BOARD**

I. A. S. Association Building, Near Patna Airport, Patna – 14

**POST GRADUATE PHARMACY ADMISSION COUNSELLING (PGPAC) – 2024**

For Admission to Post Graduate (Pharmacy) Course in G.P.I. Gulzarbagh, Patna

**CHECK-SLIP**

*(To be filled in by the candidate in his / her own clear handwriting)*

- A.** 1. Name .....
2. PGPAC 2024 (i) PGPAC ID No. .... (ii) GPAT Score & Passing Year .....
- (iii) Category ..... (iii) General Rank ..... (iv) Category Rank .....
3. Registration No. of Bihar State Pharmacy Council : .....
4. (a) Marks obtained in B.Pharm Final Examination .....
- (b) In case of Grade, The Marks after conversion using conversion factor : .....
5. Father's Name : .....
6. Permanent Address : .....
7. Phone No. : ..... 8. Mobile No. : .....
9. Email address : ..... 10. Aadhar No. : .....
- Date .....

.....  
*Full Signature of the Candidate*

**B.**

**FOR THE USE OF COUNSELLING**

1. Original and one set of self attested photo copies of the following documents as required.
- i. GPAT Score Card
  - ii. Original Matric Certificate.
  - iii. B.Pharm passing certificate
  - iv. Mark sheets of B.Pharm (I, II, III & IV Parts).
  - v. Residential Certificate.
  - vi. Caste Certificate.
  - vii. EWS Certificate (if required).
  - viii. DQ Certificate (if required).
  - ix. Professional Experience Certificate (if any).
  - x. If employed, No objection certificate from employer.
  - xi. College leaving certificate.
  - xii. Six photographs identical to one used for preparing the Application Form of PGPAC-2024.
  - xiii. Any other certificates in support of eligibility as required and mentioned in the prospectus of PGPAC-2024 (available on website).
  - xiv. Photo copy of Aadhar Card.
  - xv. Any other.

Date .....

.....  
*Signature of Verifying Officer*

**2. CHECK POINTS :**

Sl. No.	Checking Details	Remarks and Signature of Verifying Officer
1.	<p><b>Age :</b></p> <p>The candidate's date of birth is ..... as mentioned in his / her PGPAC-2024 Application Form is verified / Not Verified against his / her Date of Birth as mentioned in his / her original certificate / Marks Sheet of Matriculation / Equivalent Examination.</p>	
2.	<p><b>Educational Qualification :</b></p> <p>The candidate submitted the following in original</p> <p>(i) Passed B.Pharm</p> <p>(ii) Certificate / Marks sheet of B.Pharm final year.</p> <p>(iii) Total Cumulative % of marks (1st + 2nd + 3rd + 4th year)</p> <p>On verification of the above certificates / documents, the candidate satisfies/ does not satisfy the educational eligibility requirement for PGPAC– 2024.</p>	
3.	<p><b>Residential Qualification :</b></p> <p>(i) The residential certificate issued by the competent authority has been submitted / not submitted by the candidate.</p> <p>(ii) Certificate from the Head of the Institution where the candidate studied last mentioning permanent residence as per the admission register (for candidates passing final B.Pharm from outside the state of Bihar) has been submitted / not submitted. Accordingly he / she fulfils / does not fulfil the residential requirements for PGPAC– 2024.</p> <p>(iii) In case, the candidates claims to fulfill the requirement of permanent residence on the basis of the Residence Certificate of his / her spouse, the marriage certificate duly issued by the competent authority is <b>submitted / not submitted.</b></p>	
4.	<p><b>Identity Verification :</b></p> <p>(i) Left thumb impression of the candidate</p> <div data-bbox="483 1444 922 1612" style="border: 1px solid black; width: 270px; height: 80px; margin: 10px auto;"></div> <p>(ii) Mark of Identification .....</p> <p>(iii) Candidate's full signature before the verifying officer</p> <p style="padding-left: 40px;">In English .....</p> <p style="padding-left: 40px;">In Hindi .....</p> <p>After tallying the above signature, mark of identification and the candidates face with the signature, mark of identification and photograph of the candidates on Application Form of PGPAC-2024 and his / her, the candidate's identity is established / not established.</p>	

Sl. No.	Checking Details	Remarks and Signature of Verifying Officer
5.	<p><b>Eligibility for Reserved Seats :</b></p> <p>(i) The original certificate for caste and reservation category issued from competent authority has been submitted / not been submitted by the candidate.</p> <p>(ii) In case, the candidate claims the benefits of EWS Category reservation, EWS Certificate duly issued by the competent authority is <b>submitted / not submitted</b></p> <p>(iii) In case, the candidate claims the benefits of SC / ST Category reservation on the basis of the Caste Certificate of his / her mother, the marriage certificate of his / her mother duly issued by the competent authority is <b>submitted / not submitted.</b></p>	
6.	<p><b>As per the medical examination for disability, his claim for disabled quota seat is found correct / not correct.</b></p>	
7.	<p><b>GPAT Score Verified / Not Verified</b></p>	
8.	<p><b>No Objection Certificate :</b> The candidate is in employment of ..... ..... and submitted / not submitted the "No Objection" Certificate to the effect that if selected he / she will be granted study leave to pursue the PG Course. As such he / she satisfies / does not satisfy the criteria of "No Objection".</p>	
9.	<p>i. Professional Experience Certificate submitted / not submitted as such the candidate satisfies / does not satisfy the criteria as per Section - 5 of the Prospectus of PGPAC– 2024.</p> <p>ii. Registration no. of Registration No. of Bihar State Pharmacy Council verified / not verified</p>	

**C. CHOICE OF PG COURSE AND INSTITUTION :**

1. I, PGPAC ID No..... General Rank.....Cat.Rank ..... son / daughter of Sri..... hereby declare that I have chosen the following M.Pharm. Course and institution according to my own free will and liking after full consideration from amongst the seats in Courses and Institution available at my UR / Cat. Rank ...../ after UR / Cat. Rank ..... due to my late arrival / presence.

**M.Pharm Course**

**Institution**

.....

.....

I further declare that the above option has been given at my own risk knowing fully well that the course /institution is recognised / not recognised by PCI. I will not hold the authorities concerned responsible for any adverse consequence thereof.

.....  
**Full Signature of the Candidate**

.....  
**Signature of Verifying Officer**

Date .....

**POST GRADUATE PHARMACY ADMISSION COUNSELLING  
(PGPAC) – 2024**

For Admission to Post Graduate (Pharmacy) Course in G.P.I. Gulzarbagh, Patna

**Biometric Identification Report**

*PGPAC-ID* \_\_\_\_\_

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

**CANDIDATE'S NAME** : \_\_\_\_\_

**PGPAC-2024 RANK** : UR RANK \_\_\_\_\_ CAT RANK \_\_\_\_\_

: RCG RANK \_\_\_\_\_ DQ RANK \_\_\_\_\_

: SMQ RANK \_\_\_\_\_ EWS RANK \_\_\_\_\_

**AADHAR NO.** : \_\_\_\_\_

**PHONE / MOBILE NO.** : \_\_\_\_\_

The biometric data comprising of the thumb impression and photo of the above mentioned candidate appearing for the counselling of PGPAC-2024 was collected before the undersigned on dated ..... , ..... for establishing his / her identity.



**L.T.I./ R.T.I. of the Candidate**

**Signature of the Candidate**

**Remark if any**