

STUDENT APPLICATION FORM

MASTER OF PHARMACY (MQ/NRI/VQ)

Applicant should send this duly filled & signed form along with supporting documents & applicable fee.


**S K PATEL
COLLEGE OF
PHARMACEUTICAL
EDUCATION &
RESEARCH**

Sr. No.	Courses	Give Preferences
1	Pharmaceutics	
2	Pharmaceutical Quality Assurance	
3	Pharmacology	

TO BE FILLED BY CANDIDATE

ACPC Merit No.:

FOR OFFICE USE

GNU Merit No.:

 Please affix
your recent
Passport Size
Colour
Photograph

I. PERSONAL DETAILS (You must print all your details in BLOCK LETTERS in ENGLISH LANGUAGE ONLY)

 Title : Mr. ☐ Miss ☐ Mrs. ☐ Other ☐ (Please specify, if others:)

 Applicant's Name (As per last Degree Mark Sheet)

 Mother's Name :

 Gender : Male ☐ Female ☐ Transgender ☐ | Date of birth :/...../..... | Place of birth :

Nationality: | Blood Group: | Religion: | Caste / Sub Caste:

 Category: General ☐ ST ☐ SC ☐ OBC/SEBC ☐ PH ☐ Others ☐ (Please Specify, if others.....)

2. DETAILS OF CORRESPONDENCE (Applicant's own/family member's details only. Do not provide any details of a representative)

Address:

 City: State: PIN Code:

 Country:

Applicant's Mobile No.: Parent's / Guardian's Contact No.:

 Applicant's Email ID:

 Parents' / Guardian's Email ID:

3. EDUCATIONAL QUALIFICATION DETAILS

Examination	Name of Degree	Years of Passing	Stream (Sci./Comm./Arts)	Board/University/ Institution	Grand Total		CGPA/CPI/ Percentage %
S.S.C.					Obtained	Out of	
H.S.C.							
Graduation							
Others (if any)							

3.1 Name of the last college/institute attended:

3.2 Candidates appearing in final year exam, provide details: Start Date of Exam: End Date of Exam:

3.3 Details of any Entrance Exam Appeared/Appearing:

Name of Exam: Seat No.: Score: Out of: Date of Exam:

4. DECLARATION CUM UNDERTAKING (by Applicant)

I, hereby declare that the particulars furnished in this application form are correct. I have verified my eligibility to apply against category to which I have applied. I understand that in case any information furnished in this form is found to be incorrect or incomplete, my admission will stand cancelled. I further declare that I have read and understood all the instructions carefully and will abide by all rules, ordinances, and the decision taken by admission committee, Ganpat University. I also understand that if the information provided by me in the application is incomplete, incorrect or false and if the application is entertained through oversight, inadvertence or any other reason, my application will be rejected upon detection at any stage.

Place: Date:

Applicant's Sign:

5. DETAILS OF APPLICATION FEE PAYMENT

 Payment of application fee by: ☐ Cash ☐ Cheque ☐ Bank Demand Draft

DD/Cheque No.: Drawn On: Dated: Amount:

6. ENCLOSURES/CHECK LIST (Self Attested Photocopies)

☐ H.S.C. Mark Sheet ☐ School Leaving Certificate

☐ Final Year Graduation Mark Sheet

☐ PGCET Score Card ☐ GPAT Score Card

☐ Any Other (Please Specify)

For NRI/ NRI SPONSORED QUOTA

(Enclose following documents in addition to the documents listed under MQ)

☐ Original letter of sponsorship from NRI (as per GNU format)

☐ Photocopy of NRI's passport

☐ Affidavit of NRI (ORIGINAL)

☐ Photocopy of Social Security Card

☐ Equivalence Certificate from Association of Indian Universities, Delhi for candidate who have passed

Graduation exam from outside India

FOR OFFICE USE

Checked by: Entered by: Verified by: Date:/...../.....