Indian Institute of Ayurvedic Pharmaceutical Sciences
(An ISO 9001:2008 Certified College)
Gujarat Ayurved University
Accredited Grade “A” by NAAC (CGPA 3.28)
A.K. Jamal Building, Guru Nanak Road, Jamnagar – 08.
Ph. 0288 – 2555746,
E – mail Principal.iaps@gmail.com., iaps@ayurveduniveristy.com.,
Web: www.iaps.ac.in

ADMISSION FORM
D. Pharm. To B. Pharm. (Ayurved)
20 - 20

Name of Applicant: ________________________________

FOR OFFICE USE ONLY

Application No.                             Caste                      Date

<table>
<thead>
<tr>
<th>SC/ST/OBC/SEBC/GENERAL/OTHER</th>
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GENERAL INSTRUCTIONS

b. Candidate’s Name must be as printed in Standard D. Pharma. (Ayu.) Final Year mark sheet.
c. Please write your caste and sub-caste as per school leaving certificate / transfer certificate in the boxes provided as applicable.
d. Date of Birth must be mentioned as per standard 10th Certificate / School leaving certificate / transfer certificate.
e. Attach a self-addressed envelope (12cm x 4cm) affixed with Rs. 25/- postal stamp along with the admission form.
f. For more information please visit our website: www.iaps.ac.in & www.ayurveduniversity.com and email: iaps@ayurveduniversity.com or Phone / Fax: +91-288-2555746.
g. On cancellation of admission, 50% amount of the fees will be refunded within a month of admission.

FOR OFFICE USE ONLY

Remarks

1. D. Pharma Final Year Marksheet:
2. School leaving certificate:
3. Attempt certificate:
4. Caste certificate:
5. Non-creamy layer certificate:
6. Domicile or nationality certificate:
7. Application form fee
Verified by:

Checked by:
Personal Detail:

Gender: Male ☐ Female ☐

Nationality: Indian ☐ NRI ☐ Foreigners ☐
If Foreigners/NRI then specify your country’s name:____________________

1. Candidate’s name (as per marksheet):

______________________________________________________________
Surname        Name        Father’s Name

______________________________________________________________
Father’s Name

______________________________________________________________
Mother’s Name

Father’s Occupation ____________________________________________
Annual Income _________________________________________________

Personal Mobile No. _____________________________________________
Father’s Mobile No. _____________________________________________
Mother’s Mobile No. _____________________________________________

Corresponding Address with Pincode: ________________________________

______________________________________________________________
Caste: Open ☐ SC ☐ ST ☐ SEBC ☐ OTHERS ☐ If others then Specify _________ 

Email ID: _______________________________________________________

Goal ___________________________________________________________
Aadhaar Card No. ________________________________________________
**Educational Qualification:**

D. Pharm. (Ayu.) exam seat no., month & year of passing ____________________________

Marks Obtained:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Marks Obtained in Theory</th>
<th>Marks Obtained in Practical</th>
<th>Out of</th>
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<tbody>
<tr>
<td>Rasa Shastra &amp; Bhashajya Kalpana (Ayurvedic Pharmaceutics)</td>
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<td>Dravyaguna (Ayurvedic Pharmacology)</td>
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<td>Fundamentals of Roga Nidana Evam Chikitsa (Ayurvedic Pathology)</td>
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<tr>
<td>Pharmaceutical Jurisprudence and Drug House Management</td>
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<tr>
<td>Dispensing, Community pharmacy and Hospital pharmacy</td>
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<td>Sum Total</td>
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<td>Overall Percentage</td>
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Attempt: 1 2 3 4
Copies of Documents to be Attached

1. □ H.S.C. mark sheet of all attempts as well as attempt certificate of attested copy
2. □ S.S.C. mark sheet & certificate
3. □ School leaving certificate (SLC)/ Transfer certificate (TC) and evidence of place of birth, if it is not mentioned in SLC/TC
4. □ Caste certificate of SC, ST, SEBC or others from the competent authority in prescribed Performa (Two attested Xerox copies)
5. □ Non-creamy layer certificate of family from the competent authority in prescribed (for SEBC category only) for current year issued after 1\textsuperscript{st} April 2007 (Two attested Xerox copies)
6. □ Copy of passport if held.
8. □ One self addressed envelope (12cm x 4cm) with postal stamp of Rs. 25/-
9. □ Domicile and Nationality Certificate for out state candidate only
10. □ Proxy letter [In case of candidates unavailability to attend an interview]
11. □ DD/Cheque/NEFT/RTGs of nationalized bank/online banking printout
12. □ Aadhaar card

I hereby declare that the information given above is true. If found false, I understand that my admission will be cancelled. I shall abide by the rules & norms of discipline of the institute I join. I also undertake to pay the necessary fees as decided.

Signature of Parent/Guardian    Date and Place    Signature of Candidate