

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.

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Web: www.iaps.ac.in



ADMISSION FORM

D. Pharm. (Ayurved)

20 - 20

Name of Applicant: _____

FOR OFFICE USE ONLY

Application No.

Caste

SC/ ST/ OBC/ SEBC/ GENERAL/OTHER

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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GENERAL INSTRUCTIONS

- a. Attach a DD/ NEFT/RTGs/ Cheque of Nationalized Bank/ Net banking receipt worth Rs. 400/- in favour of “**The Principal-IAPS, Jamnagar**”, payable at Jamnagar.
- b. Candidate’s Name must be as printed in Standard 10th 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:

Merit Marks

2. School leaving certificate:

3. Attempt certificate:

Sr. No.
(Admission)

4. Caste certificate:

5. Non- creamy layer certificate:

6. Domicile or nationality certificate:

Officer
Signature

7. Application form fee

Verified by :

Checked by :

Personal Detail:

Gender: Male Female

Nationality: Indian NRI Foreigners

If Foreigners then specify your country's name: _____

Photograph with
signature

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:

Board from which 10th std. (S.S.C.) passed. Code
(Gujarat-1, CBSE-2, ICSE-3, Others -4)

If others then specify _____

Board Exam seat no. of 10th std., month & year of passing _____

Marks Obtained:

Subject	Marks Obtained	Out of
Science		
Mathematics		
Social Science		
Hindi/English		
Gujarati		
Sanskrit/Computer/PT		
Sum Total		
Total of Science and Mathematics		
Overall Percentage	Percentile	

Attempt:

गुजरात आयुर्वेद युनिवर्सिटी

Copies of Documents to be Attached

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