



# 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. No. 0288-255746

e\_mail: [principal.iaps@gmail.com](mailto:principal.iaps@gmail.com), [iaps@ayurveduniversity.com](mailto:iaps@ayurveduniversity.com)

Website: [www.iaps.ac.in](http://www.iaps.ac.in)

### ADMISSION FORM

**D. Pharm. To B. Pharm. (Ayurved)**

20 - 20

Name of applicant: \_\_\_\_\_

### FOR OFFICE USE ONLY

Application No.

Caste

SC/ST/OBC/GENERAL/OTHER

Date

--	--	--	--	--	--

**Personal Detail:**

Gender: Male  Female

Nationality: Indian  NRI  Foreigners

If foreigners/NRI then specify your country's name: \_\_\_\_\_

1. Candidate's name (as per mark sheet):

\_\_\_\_\_  
Surname Name Father's name

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Mother's name

Father's occupation: \_\_\_\_\_ Annual income \_\_\_\_\_

Personal mobile No.: \_\_\_\_\_ e-mail ID: \_\_\_\_\_

Father's mobile No.: \_\_\_\_\_ Mother's mobile No.: \_\_\_\_\_

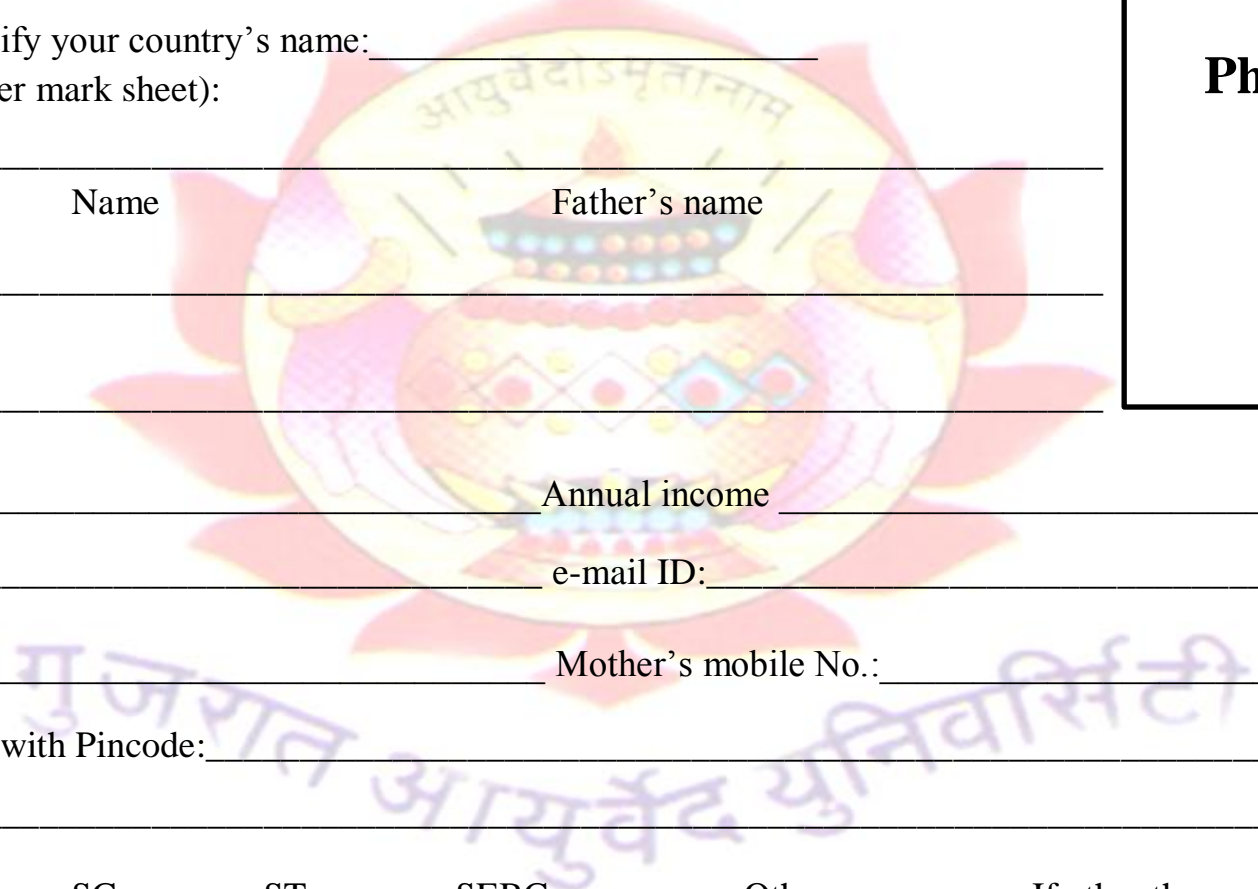
Corresponding address with Pincode: \_\_\_\_\_

Caste: Open \_\_\_\_\_ SC \_\_\_\_\_ ST \_\_\_\_\_ SEBC \_\_\_\_\_ Other \_\_\_\_\_ If other than specify: \_\_\_\_\_

Aadhaar card No. \_\_\_\_\_

Goal: \_\_\_\_\_

**Recent  
Photograph with  
signature**



**Educational Qualification:**

D. Pharm. (Ayu.) exam seat No., month and year of passing: \_\_\_\_\_

Mark Obtained:

Subject	Marks obtained in Theory	Marks obtained in Practical	Out of
<b>Rasashastra &amp; Bhaishajya Kalpana (Ayurvedic Pharmaceutics)</b>			
<b>Dravyaguna (Ayurvedic Pharmacology)</b>			
<b>Fundamentals of Roga Nidana Evam Chikitsa (Ayurvedic Pathology)</b>			
<b>Pharmaceutical Jurisprudence &amp; Drug House Management</b>			
<b>Sum Total</b>			
<b>Overall Percentage</b>			

Attempt:

**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 and 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<sup>st</sup> April 2017 (Two attested Xerox copies).
6.  Copy of passport if held.
7.  Certificate for staff quota in prescribe Performa.
8.  One self addressed envelop (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 candidate's 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 information 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 & Place

Signature of Candidate

## GENERAL INSTRUCTIONS

- a. Attach a DD/NET/RTGs/Cheque of Nationalized bank/Net banking receipt worth Rs. 350/- in favour of “**The Principal – IAPS, Jamnagar**”, payable at Jamnagar.
- b. Candidate’s name must be as printed in standard D. Pharm. (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 10<sup>th</sup> 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](http://www.iaps.ac.in) & [www.ayurveduniversity.com](http://www.ayurveduniversity.com) and email: [iaps@ayurveduniversity.com](mailto:iaps@ayurveduniversity.com) or Phone/Fax: +91-288-2555746.
- g. On cancellation of admission, 50% amount of fees will be refunded within a month of admission.

## FOR OFFICE USE ONLY

### Remarks

1. **D. Pharm. Final year mark sheet:**
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:**

**Merit Marks**

**Sr. No.  
(Admission)**

**Officer  
Signature**