

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, B/s Reliance Super market, Jamnagar – 08.

Ph. 0288 – 2555746,

E – mail: principal.iaps@ gmail.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

SC/ST/OBC/SEBC/GENERAL/OTHER

Date

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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-IIAPS, 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 10th Certificate / School leaving certificate / transfer certificate.
- e. For more information please visit our website: www.iaps.ac.in, and email: principal.iaps@gmail.com or **Phone: +91-288-2555746**.
- f. On cancellation of admission, 50% amount of the fees will be refunded within a month of admission.

FOR OFFICE USE ONLY

Remarks

1. D. Pharm. (Ayu.) 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
8. Income certificate for free ship card
9. Aadhaar card copy

Merit Marks

Sr. No.
(Admission)

Officer
Signature

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 _____ If others, then Specify _____

Email ID: _____

Goal _____

Aadhaar Card No. _____

Educational Qualification:

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

Marks Obtained:

Subject	Marks Obtained In Theory	Out of
Rasa Shastra & Bhaishajya Kalpana (Ayurvedic Pharmaceutics)		
Dravyaguna (Ayurvedic Pharmacology)		
Fundamental of Roga Nidana Evam Chikitsa (Ayurvedic Pathology)		
Pharmaceutical Jurisprudence and Drug House Management		
Dispensing, Community pharmacy and Hospital pharmacy		
Sum Total		
Overall Percentage		

Attempt:

1

2

3

4

गुजरात आयुर्वेद युनिवर्सिटी

Copies of Documents to be Attached

Following documents are compulsory to be attached if, applicable to applicant. Incomplete documents will not be accepted.

1. D. Pharm. Final year mark sheet of all attempts with self-attested copy
2. S.S.C mark sheet of all attempts as well as attempt certificate with self-attested copy
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 1st April 2007 (Two attested Xerox copies)
6. Copy of passport if held
7. Certificate for staff quota in prescribe Performa
8. Domicile and nationality certificate for out state candidate only
9. Proxy letter [In case of candidate's unavailability to attend an interview]
10. DD/Cheque/NEFT/RTGs of nationalized bank/online banking printout
11. Aadhaar card
12. Income certificate for free ship card scholar

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