

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

SC/ ST/ OBC/ SEBC/ GENERAL/OTHER

Date

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 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 :

Merit Marks

Sr. No.
(Admission)

Officer
Signature

Checked by :

Personal Detail:

Gender: Male Female

Nationality: Indian NRI Foreigners

If Foreigners/NRI then specify your country's name: _____

Photograph with
signature

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

Surname

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:

Subject	Marks Obtained in Theory	Marks Obtained in Practical	Out of
Rasa Shastra & Bshhajya Kalpana (Ayurvedic Pharmaceutics)			
Dravyaguna (Ayurvedic Pharmacology)			
Fundamentals 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

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 1st April 2007 (Two attested Xerox copies)
6. Copy of passport if held.
7. Certificate for staff quota in prescribe Performa.
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