

**NRI/MANAGEMENT QUOTA APPLICATION FORM FOR ADMISSION TO  
M.PHARM (1<sup>ST</sup> YEAR) COURSE  
AFTER B. PHARM FOR THE YEAR 2011-2012**



# S. J. Thakkar Pharmacy College

Near NRI Bunglow, Avadh Road, Opp. Drive-in-Cinema, Kalawad Road, Rajkot

(Surname)	(Name)	(Father's Name)
Name of Applicant		

**FOR OFFICE USE ONLY**

Merit No. of ACPC		B. Pharm aggregate %	
Merit No. of Institute		GPAT-2011 Marks	
Interested M. Pharm Branch		CET Marks	
Checked By : _____		Verified By : _____	

1. Candidate Name as per B. Pharm Mark Sheet

(Surname)	(Name)	(Father's name)	(Mother's Name)

2. University from Which B. Pharm Passed :

3. Seat No. of B. Pharm :

4. Month & Year of Passing B. Pharm :

5. Seat No. of GPAT-2011 / CET-2011 :

6. Sex :

7. Date of Birth :

8. Birth Place :

9. Calculation of Merits marks on the basis of marks obtained in B. Pharm.

Year	F.Y.B. Pharm	S. Y. B. Pharm	T. Y. B. Pharm	Final B. Pharm	Aggregate B. Pharm	% Aggregate in B. Pharm	GPAT – 2011 Score	CET 2011 Score	ACPC Merit Number
Total.									
Out of									

10. Interested Branch of M. Pharm :  Pharmacology  Pharmaceutics \*

Quality Assurance  Pharma Analysis \*

(\* Proposed and likely to get)



- j)  An affidavit from NRI Sponsored indication relationship with students and taking responsibility for the education of the student
- k)  Proof of fund transferred for tuition fee and other fees in india by NRI

## **Declaration of the Candidate**

I do hereby declare that all the particulars stated in the application are true and correct to the best of my knowledge and belief. In the event of suppression or distortion of my information provided in my application form, I understand that admission granted by the institute shall be liable for cancellation, I also understand that the decision of the institute regarding my admission shall be final and I shall be abide by its decision. Further, if admitted, I promise to abide by the rules and regulations of the institute as applicable during the course of law, I abide to pay the fees as determined by the fee Regulatory Committee time to time.

Date :

Place :

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of the Candidate

### **INSTRUCTION :**

1. Fill up the application in capital letter
2. Please tick the appropriate box wherever provided.
3. Write your complete address for communication including Taluka, District and Pin code. Give your Residence phone number with STD code, mobile phone number and email.
4. Declaration should be signed by candidate and parent / guardian with date and place.
5. Attached the attested testimonials as per serial order specified below.
  - HSC Marksheet
  - B. Pharm Marksheet (All years with attempts)
  - Degree Certificate
  - GPAT-2011 Score card / CET-2011 Score card
  - School Leaving Certificate
  - Caste Certificate
  - Non-creamy-layer Certificate
  - Four Passport size photographs
  - Domicile certificate