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

B. Pharm. (Ayurved)
20 - 20

Name of Applicant:	2134C/
4.4	

FOR OFFICE USE ONLY

Application No.	Caste	Date	Date	
	SC/ ST/ OBC/ SEBC/ GENERAL/OTHER			

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 12th 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.

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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: Checked by:

Personal Detail:

nder: Male Female Fotionality: Indian NRI Fotoreigners then specify your country's name: Candidate's name (as per marksheet):	reigners	Photograph with signature
Surname Name	Father's Name	
Father's Name	TAN GROSSOSSION AND THE	
Mother's Name	THE YOUR OX OX OX OX	
Father's Occupation	Annual Income	
Personal Mobile No		
Father's Mobile No.	Mother's Mobile No.	
Corresponding Address with Pincode:		
Caste: Open SC ST Email ID: Goal Adhar Card No	रे अगरन स्थानिय	सिंटी

Educational Qualification:

Board from which 12 th std. (H.S.C.) passed. Code
(Gujarat-1, CBSE-2, ICSE-3, Others -4)
If others then specify
Board Exam seat no. of 12 th std. Month & Year of passing
Group A B AB
Mada Okulud

Marks Obtained:

Subject	Marks Obtained in Theory	Out of
Biology		XEX
Physics	V E	
Chemistry	1/-1/1	
Mathematics	100	
Sum Total Theory		
(B+P+C+M)		
Overall Percentage	Percentile	

Attempt: 1 2 3 4

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. certificate & mark sheet
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)
Non-creamy layer ce <mark>rtificate</mark> of family from the competent authority in prescribed (for SEBC category only) for current year issued after 1 st 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 only for out state candidate.
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
TION CAND
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.
By Commercial States
Signature of Parent/Guardian Date and Place Signature of Candidate