



**SAT KAIVAL COLLEGE OF PHARMACY**  
**ParamGuru Pathshala Complex,**  
**Sarsa Cross Road,**  
**Sarsa, Gujarat 388365,**  
**Phone: 02692-272377 272800**  
**E-mail: skcopharmacy@gmail.com**  
**Website: www.skcopharmacy.org**

**APPLICATION FORM FOR ADMISSION TO B.PHARM. PROGRAMME**

**Session: 2014-2015**

Recent  
Passport  
Size  
Photogra

**Make Entries in Capital Letters only and tick (√) in the boxes of relevant entries**

1. Name of the Applicant															
2. Sex	M	F	3. Date of Birth	Date			Month			Year			Age		
4. Nationality															
5. Name of Father															
6. Religion															
7. Caste															
8. Seat Category			General		SC/ST/SEBC		PH		Sponsored						
9. Permanent Address							10. Address for communication								
_____							_____								
_____							_____								
_____							_____								
Contact No:1. _____							ContactNo:1. _____								
Contact No:2. _____							ContactNo:2. _____								
11. Educational Qualifications															
Class	Seat No.	Year of Passing	Name of School / College	Name of Board / University	Marks obtained	Out of	Percentage								
S.S.C.															
H.S.C.															
Gujcet															

**DECLARATION OF THE CANDIDATE**

(1) I/We do hereby declare that all the particulars stated in the application are true and correct to the best of my knowledge and belief.

(2) If admitted, I promise to abide by the rules and regulations of the Institute as applicable during the course of study.

(3) I will do nothing either inside or outside the college that will interfere with its orderly management & discipline.

Place:.....

Date:.....

Signature of Applicant

**List of the Documents Attached (Please Tick):**

1. S.S.C. Mark sheet

2. H.S.C. Mark sheet.

3. Gujcet. Mark sheet

4. School Leaving Certificate