



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