



## SAT KAIVAL COLLEGE OF PHARMACY

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Sarsa Cross Road,  
Sarsa, Gujarat 388365,  
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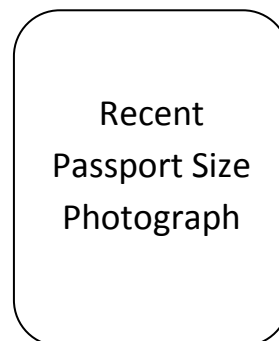
### APPLICATION FORM FOR ADMISSION TO M.PHARM. PROGRAMME

Session: 2014-2015

<u>Office use only</u>
GPAT/ NON-GPAT _____ & GPAT Mark _____
CET Exam Merit No. _____, Application No. _____
& CET Mark _____

**M.Pharm. Specialization Applied for (Please give reference)**

Subject	Preference
Pharmacology	
Pharmaceutical Chemistry	
Pharmaceutics	
Quality Assurance	



**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 _____ _____ Email _____ Contact No:1. _____ Contact No:2 _____				10. Address for communication _____ _____ Email _____ ContactNo:1. _____ ContactNo:2 _____			
11. Educational Qualifications							
Class	Seat No.	Year of Passing	Name of School / College	Name of Board / University	SPI	CPI	CGPI/Percentage
H.S.C.							
D.Pharm. (if any)							
1st sem B.Pharm.							
2nd sem B.Pharm.							
3rd sem B.Pharm							
4th sem B.Pharm							
5th sem B.Pharm							
6th sem B.Pharm							
7th sem B.Pharm							
8th sem B.Pharm							
12. GPAT Score & Year (if any) _____ (Attach Copy)					Year of qualifying		

### 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. B.Pharm. Mark sheet of all semester / years and Degree Certificate. | <input type="checkbox"/> |
| 2. GPAT Score Card, if applicable.                                     | <input type="checkbox"/> |
| 3. H.S.C. and Diploma Pharmacy Mark sheet.                             | <input type="checkbox"/> |
| 4. Certificate by the sponsoring organization (if applicable)          | <input type="checkbox"/> |
| 5. School Leaving Certificate  | <input type="checkbox"/> |