



SHREE SAHKAR EDUCATION TRUST'S SHREE DHANVANTARY PHARMACY COLLEGE

(DOCTOR OF PHARMACY 2017-18)

Kim (East), Near Railway Station, Dhanvantary college Road,
Dist. Surat. Pin :394110

Ph. No.: 09904104830, 9924204829.

email : info@sdpc.co.in , web: www.sdpc.co.in

APPLICATION FOR ADMISSION TO PHARM.D

CATEGORY: VACANT QUOTA

Eligibility : Theory / Theory with Practical		60% of HSC Science Subject Percentile	40% of GUJCET / JEE / NEET Percentile	Total Merit
Yes	No			

Affix
Passport Size
Photograph

Note: The form must be filled in completely by the applicant in his / her own hand writing. If any information is incomplete or is found wrong, the application will not be considered. Admission once granted may not be cancelled.

1. Full Name of the candidate in capital letters :

Surname

First Name

Father's Name

2. Date of Birth:

D	D	M	M	Y	Y	Y	Y

 Gender: M / F :

3. Nationality : _____, Birth Place: _____

4. Languages Known: _____, _____, _____, _____

5. Cast :SEBC / SC / ST / GENERAL

6. Board from which std. XII (HSC) passed: GSEB CBSE ISE

7. Marks Obtained at STD. XII (HSC) Examination :

	Subject	Chemistry	Physics	Biology / Mathematics	Total	Out of GB/CB/IS.
A	Theory					
B	Practical					
C	English		E = Total (A+B)			
D	Sanskrit					
E	Computer	Th		F = Total (A+B+C+D+E)		
		Pr				

Percentage of science subjects (Theory) = _____

8. Details of GUJCET / JEE / NEET result:

Subject	Total Marks	Marks Obtained
Physics		
Chemistry		
Biology / Mathematics		

9. (i) Address for Correspondence

(ii) Permanent Address :

Pin code : _____
Ph.No.: _____ Code: _____

Pin code : _____
Ph.No.: _____ Code: _____

10. Email: Student _____ Email: Parent _____

11. Cell No. Student _____ Cell No.: Parent _____

12. Hobbies / Extra – Curricular Activities: _____

13. Do you need Hostel facility: Yes No

14. Medical Details:

Height _____ Weight: _____ Blood Group: _____

If you are suffering from any Chronic Disease please mention

(like Asthma)* (Pl. attach Medical Report & Blood Group)

15. a) Father's / Guardian's Name : _____

b) Mother's Name: _____

c) Occupation / Income (Per Year): _____

d) Name of Organization: _____

16. Details of academic career:

STD	Name of School / Board	Place	State	Year of Passing Month /Year
X				
XII				

17. Detail of Application Form regarding Jt. Admission Committee for professional courses (Technical), Ahmedabad, Gujarat State.

Unique Id No.: Date.....

(Please attach xerox copy or receipt)

18. Please enclose certified copies of the following documents along with application form

(If applicable please tick (✓) in the box)

- | | |
|--|--------------------------|
| 1. SSC (X th) Mark sheet & Attempt Certificate | <input type="checkbox"/> |
| 2. GUJCET / JEE / NEET Mark sheet | <input type="checkbox"/> |
| 3. HSC (XII th) Mark sheet & Attempt Certificate..... | <input type="checkbox"/> |
| 4. School Leaving Certificate / Transfer Certificate | <input type="checkbox"/> |
| 5. Caste Certificate (applicable for SC/ST/SEBC) | <input type="checkbox"/> |
| 6. Two passport size photographs | <input type="checkbox"/> |

Date:
Place:

Signature of Candidate

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DECLARATION BY FATHER / GUARDIAN

I hereby declare that the information furnished in the application form is true and no relevant fact is suppressed, I also undertake to be responsible for his / her conduct.

I declare that I am responsible for my son / daughter / ward named
..... during the period of his / her study at the institute and thereafter until the accounts are cleared. I am aware that on misconduct / absence without permission / unsatisfactory performance, the admission may be cancelled.

Signature of Father / Guardian

FOR OFFICE USE ONLY

Date of Receipt of Application :

Signature of Receiver

VERIFICATION

The Original Certificates and relevant documents of the following have been verified.

1. S.S.C., GUJCET / JEE / NEET, H.S.C., Mark sheet and attempt Certificate.
2. School Leaving Certificate
3. Cast Certificate (In case of SC / ST / SEBC applicant)

Details and Discrepancies if any: _____

Verified by: _____

Date: _____

Merit No. : _____

Date of Information to Applicant : _____

Date of Admission : _____

Date of Payment of Fee : _____

Remarks: _____

Authorized Signature: