

ADMISSION COMMITTEE FOR PROFESSIONAL COURSES

L. D. College of Engineering Campus, Ahmedabad-380 015. • Website : www.jacpcldce.ac.in



APPLICATION FORM

FOR ADMISSION IN B. PHARM. SEM. III
COURSE AFTER DIPLOMA IN PHARMACY IN GUJARAT
STATE (YEAR 2022)

(For office use only)

| | | | |
|--------------------------|----------------------|-------------------------|----------------------|
| Registration No. : | <input type="text"/> | Merit Marks | <input type="text"/> |
| Date : | <input type="text"/> | | |
| Marks in Diploma Part-II | <input type="text"/> | (Aggregate %) Merit No. | <input type="text"/> |
| College : | <input type="text"/> | | |
| University : | <input type="text"/> | Category | <input type="text"/> |

TO BE FILLED IN BY THE APPLICANT (IN CAPITAL LETTERS ONLY) :

1 Full Name of Applicant :

| | |
|-----------------|----------------------|
| Surname : | <input type="text"/> |
| Name : | <input type="text"/> |
| Father's Name : | <input type="text"/> |

Affix
Passport Size
Photograph
Signed and
Stamped by
Principal or
Head of Institute

2 Category : Open SC ST SEBC Ex. Serviceman Open-EWS PH

3 TFWS : Intrested Not Intrested

(જે ઉમેદવારોને ટ્યૂશન ફી વેવર (TFWS) નો લાભ લેવા માંગતા હોય તેવા ઉમેદવારાની કુટુંબની ગત નાણાંકીય વર્ષની બધાજ સાધનો માંથી કુલ વાર્ષિક આવક રૂ. ૮ લાખ કે તેથી ઓછી હોવી જોઈએ અને તે માટે ગુજરાત સરકારશ્રીના સક્ષમ અધિકારી દ્વારા આપવામાં આવેલ આવકનું પ્રમાણપત્ર જમાં કરવાનું રહેશે.)

4 Postal Address :

4 Contact No.* : (with STD) • Mobile No.

5 Date of Birth :

6 DETAILS OF EDUCATIONAL PERFORMANCE :

[A] Standard XII / H.S.C.

[i] Name of School _____ [ii] Board _____

[iii] Month & Year of Passing _____ [iv] Attempts _____ [v] Seat No. _____

[vi] Theory Marks :

| | Maths | Chemistry | Biology | Physics | Theory Total | % (upto 2 decimal digits) theory : Science Subjects |
|----------|-------|-----------|---------|---------|--------------|---|
| Obtained | | | | | | |
| Out of | | | | | | |

[vii] Practical Marks :

| | Chemistry | Biology | Physics | Practical Total | % (upto 2 decimal digits) Practical : Science Subjects |
|----------|-----------|---------|---------|-----------------|--|
| Obtained | | | | | |
| Out of | | | | | |

Marks obtained in English _____ out of _____

[B] Diploma Pharmacy, Part-I

[i] Name of College _____ [ii] University _____

[iii] Year of Passing _____ [iv] Attempts _____ [v] Seat No. _____

[vi] Theory Marks :

| | P'œutics-I | Pharm. Chem. I | P'cognocy | Bio. Chem. & Clin. Path. | Human Ana. Phy. | Helath Edu. & Comm. Pharm. |
|--------------|------------|----------------|-----------|--------------------------|-----------------|----------------------------|
| Internal | | | | | | |
| External | | | | | | |
| Total | | | | | | |

Theory Grand Total : / out of 600

[C] Diploma Pharmacy, Part-II

[i] Name of College _____ [ii] University _____

[iii] Year of Passing _____ [iv] Attempts _____ [v] Seat No. _____

[vi] Theory Marks :

| | P'œutics-II | Pharm. Chem. II | P'cology & Toxicology | Pharm. Jurisp. | Drug Store Mngmt. | Hosp. Clin. Pharm. |
|--------------|-------------|-----------------|-----------------------|----------------|-------------------|--------------------|
| Internal | | | | | | |
| External | | | | | | |
| Total | | | | | | |

Theory Grand Total : / out of 600

Gross Grand Total (Incl. Pract.) / out of 1000

DECLARATION BY THE CANDIDATE

I hereby declare that all the particulars stated in the application are true and correct to the best of my knowledge and belief. I have read the notification No. GH/SH/19 /2013/PVS/102013/280/S dtd. 29/07/2013 and further amendments. I shall abide by the terms and conditions therein. In the event of suppression or distortion of any information provided in my application form, I understand that admission granted by **Admission Committee for Professional Courses, Ahmedabad, Gujarat** is liable for cancellation. I also understand that the decision of the **Admission Committee for Professional Courses** regarding my admission will be final and I shall abide by their decision. Further, if admitted, I promise to abide by the rules and regulations of the Institute as applicable during the course of study. I am also aware that ragging is banned and if, found guilty, I shall be liable for punishments as per rules. I abide to pay the fees as decided. I abide to pay the fees as determined by the Fee Regulatory Committee for the year 2019-20.

Date :

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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place :

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Signature of Father / Guardian

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| |
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Signature of Applicant

Enclosures : Attach the Xerox copy of following certificates (duly attested) in the order mentioned.

- | | |
|--|--|
| <p>(1) Marksheet of Dip. in Pharmacy Part-II</p> <p>(2) Marksheet of Dip. in Pharmacy Part-I</p> <p>(3) H. S. C. Marksheet</p> <p>(4) School Leaving Certificate</p> <p>(5) Caste Certificate (if applicable)</p> <p>(6) Two Passport Size Photographs</p> <p>(7) STPI Mark Sheet</p> <p>(8) For SEBC Candidates Valid Non-Creamy Layer Certificate issued by State Government</p> | <p>(9) P.H. Certificate issued by District Level Govt. Civil Surgeon (if applicable)</p> <p>(10) In/Ex Serviceman Certificate issued by District Sainik Welfare & Resettlement Officer</p> <p>(11) For TFWS family valid income certificate issued by State Government</p> |
|--|--|