

**APPLICATION FORM FOR ADMISSION TO
VACANT SEATS IN FIRST YEAR B. PHARM
PROGRAM AT INSTITUTE OF PHARMACY,
NIRMA UNIVERSITY**

(FOR OFFICE USE ONLY)			Form No.
Inward No.	Received By	Checked By	

ACPC Merit Details	
Registration No. (USER ID) i.e. : PH00000	
ACPC MERIT No. (RANK)	
GUJCET PERCENTILE RANK	
BOARD PERCENTILE RANK (SCIENCE THEORY)	

Affix a recent
passport
size
photograph

1. Name of the Applicant : (As per H.S.C.(XII) Mark Sheet)

2. Gender : Male Female **3. Date of Birth :** / /

4. Mobile Number (Applicant) _____ **(Parent)** _____

5. Email Address : _____

6. Address for Correspondence :

Pin code :

7. Name of Last Institute Allotted by ACPC - 2019:

8. We hereby declare that:

- The particulars stated in the application and enclosures are true to the best of our knowledge and belief.
- We are aware that providing incorrect information in the application form may result in cancellation of admission secured, any time during the entire period in the institute.
- We shall abide by all the rules and regulations prescribed by Institute of Pharmacy, Nirma University.
- We have read the rules / procedure for admission in Institute of Pharmacy and shall abide by the terms and conditions mentioned therein.

Date :

(Signature of Parent / Guardian)

(Signature of Applicant)

Sr. No.	Certificate / Testimonials	√
1.	Registration Details (ACPC)	
2.	ADMISSION SLIP (ACPC) Counseling No. 01 OR 02 OR 03	
3.	H.S.C / Std-XII Marksheet / Diploma in Pharmacy / B.Sc. all years Marksheet	
4.	GUJCET - 2019 Marksheet	
5.	S.S.C. / Std-X Marksheet	