Please fill the form after reading the instructions carefully

NON-SPONSORED
FORM NO.

ASSOCIATION OF UNAIDED PRIVATE PHARMACY COLLEGES (AUPPC), WARDHA
APPLICATION FORM FOR M. PHARM COURSE ACADEMIC YEAR 2010-11

14. Paste recent attested photograph

DO NOT PIN / STAPLE

1. Title (Mr / Ms / Mrs) **2. Surname**

3. First Name

4. Father's / Husband Name

5. Parent University **6. Gender (M / F)**

7.	Marks obt.	Out of	Percent	Year of Passing
SSC				
HSC				
B.Pharm. *				
B.Pharm. Class				
Date of Birth	(DD)	(MM)	(YY)	

* *Marks mentioned in marklist by university for awarding B.Pharm. degree to the candidate*

8. GPAT information	Marks	Score
Qualified Valid GPAT score		
GPAT Year		

9. Caste Information	
Category (GN / SC / ST)	
Validity Cert. available (Y / N)	

10. List of attached attested documents (Please tick ✓)

1.	GPAT Score card		7.	B.Pharm. degree Marklist/Certificate (with grade conversion chart, if any)	
2.	Caste Certificate		8.	College leaving Certificate	
3.	Caste Validity certificate		9.	Gap certificate (if any)	
4.	SSC Mark list		10.	Bonafide certificate (as per annexure III)	
5.	SSC Certificate		11.	Domicile certificate.	
6.	HSC Marklist		12.	Any other	

11. Address for communication (In block letter only)		
Contact No. with STD	Contact No. (Mobile)	E - mail id

12. Choice for M. Pharm ASSO-CET-2010 centre (FOR ALL CANDIDATES) - Pune, Nashik and Nagpur	
1	
2	
3	

13. Are you filling form for SPONSORED SEAT also : (Yes/ No)

If Yes, write SPONSORED FORM NO. :

(Very important information)

I have read all the rules of admission and on understanding these rules, I have filled this application form for consideration of submission of application form for the admission to M.Pharm. for the academic year 2010-11. The information given by me in this application is true and complete to the best of my knowledge & belief. If at latter stage, it is found that I have furnished wrong information and / submitted false certificate(s), ' am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subject to legal & / or penal action as per the provision of the law.

Date :

Place :

For office use only:
Cash Receipt No. :
Amount in Rs. :
DD No. :
Bank :
Date of payment :

Signature of Applicant

Signature of ARC Verification Officer