*Please fill the form after reading the instructions carefully*

**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 Non-SPONSORED SEAT also : (Yes/ No)

If Yes, write NON-SPONSORED FORM NO. : ( Very important information )

15. Post qulification Valid Experience more than 2 years (Yes/No)

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), I 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**