



SARDAR PATEL COLLEGE OF PHARMACY (SPCP)

Approved by All India Council for Technical Education (AICTE)

& Pharmacy Council of India, New Delhi

Affiliated with Gujarat Technological University, Ahmedabad

SPEC Campus, Vidhyanagar-Vadtal Road Bakrol-388315, Anand (Gujarat)

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Form No.: _____

APPLICATION FORM FOR FIRST YEAR ADMISSION

B.PHARM , M.PHARM – (A) P'CEUTICS (B) P'COLOGY (C) QA

[MANAGEMENT QUOTA / VACANT QUOTA / ACPC / TFW]

(Admission Year: _____)

GUJCET/JEE/GPAT Score: _____ GUJCET/JEE/GPAT Rank: _____ ACPC Merit No: _____

PERSONAL INFORMATION							
Student's Name: (In Block Letter)			Surname: (In Block Letter)			Sex : M <input type="checkbox"/> F <input type="checkbox"/>	
Father's Name: (In Block Letter)			Student's Contact No.:			Recent Passport Size Photograph	
Mother's Name: (In Block Letter)			Father's Contact No.:				
Permanent Address:							
City:		District:		Taluka:		State:	
Date of Birth:	DD	MM	YYYY	Category: OPEN / SC / ST / OBC		Caste:	
Nationality:		PIN no.:		Email ID:			

Details of Qualifying Examinations							
Name of Exam	Marks Obtained					Year of Passing	Board / University
	Physics Out of 100	Chemistry Out of 100	Math/Bio. Out of 100	Total	Percentage		
1	HSC						
2	B.Pharm						

Declaration by Applicant	
I do hereby declare that all the particulars stated in the Application Form are true and correct to the best of my knowledge and belief. I have read the Admission Rules and Information Booklet, and I shall abide by all the rules and other terms and conditions for admission. In the event of suppression or distortion of any information provided in my Application Form, I understand that admission granted by the Admission Committee shall be liable for cancellation. I also understand that the decision of the Admission Committee regarding my admission shall be final and I shall be liable by its 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 decided by the authority. I abide to pay the fees as determined by the Fee Regulatory Committee. I/We have carefully read and understand the instruction as mentioned above. I/We do agree and abide by the rules and regulations of the institute.	
Signature of Parent / Guardian	Signature of Applicant
Place :	Date:

For Office Use Only			
Nodal Officer Sign	Accountant Sign	Principal Sign	Approved By

Instructions to Candidate:

1. To give information to all fields is mandatory. If any field is not relevant to you than write NA against it.
2. Submit the filled form to the institute office before the last date as mentioned in advertisement. Forms shall not be accepted after the last date.
3. The candidate is required to carry ALL Original Certificates in support of their claim at the time of filling up of Application Form for Admission to B.Pharm / M.Pharm for the scrutiny and verification at time of submission of application form.
4. The candidate is required to submit only attested true copies of requisite documents at the time of filling up Application Form for Admission.
- 5. The forms with insufficient or false data or with inadequate documents will be rejected.**
6. Admissions for the management quota seats and vacant seats will be done as per the rules prescribed by the Admission Committee for Professional Courses (ACPC), Ahmadabad, Gujarat State, including the eligibility criteria.
- 7. Filling and submitting this application form does not confirm admission. Candidate cannot claim for admission only by filling this form.**
8. For confirmation of admission, a candidate has to remain present during the counseling process which is to be done as per the rules prescribed by the Admission Committee for Professional Courses (ACPC), Ahmadabad, Gujarat State.
9. Confirmation of admission is only approved on full payment of fees prescribed by authority and submitting four(4) postdated cheques each amounting to annual fees in favor of Sardar Patel College of Pharmacy.
10. The candidate, who has been provisionally admitted, may cancel admission by submitting an application for cancellation in duplicate, in the prescribed format and may request for refund of fee. It is made clear that such application for cancellation will be considered if and only if the admission is confirmed by paying the prescribed fees in full. Refund shall be made after deduction of the processing charges as shown:

SITUATION	REFUND
On request received before the date of start of the academic session & seat could be filled by the Institute before the cutoff date.	Entire fee less by Rs 2000/-*
On request received on/after the beginning of academic session & seat could be filled by the Institute before the cutoff date.	Entire fee less the Processing Charges on prorata basis **
On request received before/after the start of the academic session & seat could not be filled by the Institute	No Refund

Note:

- * After deducting the processing charge of ' . 2000/- the entire amount of tuition fee will be refunded to the candidate after the admission process or as decided by institute.
- ** For calculation of the Processing Charges on the pro-rata basis, one month shall be treated as one unit e.g. if the candidate cancels admission on third day i.e. within one month after the start of academic session & the seat is filled before the cutoff date, then Processing charges on pro rata base[(amount of Entire fee) /12] or Rs. 2000/- (whichever is higher) shall be deducted and the balance amount is refunded after the admission process or as decided by institute.
- It will take minimum 6 months to process refund claims. Kindly do not enquire before the time for refund to fees.

Documents to be Attached	
1. SSC Examination mark sheet	6. Address Proof (Elect. Bill/Ration Card/Landline bill)
2. HSC Examination mark sheet	7. Aadhar Card
3. JEE / GUJCET / GPAT Grade Card	8. Mark sheet & Degree Certificate – B.Pharm
4. School Leaving Certificate/Transfer Certificate	9. Passport Size Photo (No. of Pic. 5)
5. Income Certificate	10. Cast certificate if SC/ST/OBC