

APPLICATION FORM FOR- PGDCR/CCDT/B.PHARM/M.PHARM

Academic Year: 2026-27

Form Fee Rs. 160/-

SAURASHTRA UNIVERSITY
RAJKOT



Self-attested photo of student

Application Form

Program/Course: _____
Department/College (PG Center) _____
Place: _____ Date: _____
(To be filled in the Capital Letters Only)

1. Name of the

Student: _____
(Surname) (Name) (Middle Name)

2. Father's/Husband's/Mother's name: _____

3. Sex: Male Female Transgender

4. Date Of Birth : ____/____/____(DD/MM/YY)

Nationality: _____

5. Category: SC ST SEBC GEN PH EWS OTHERS
(With attested Copy of Certificate)

6. Aadhaar No. _____

7. UID Number. _____

8. Address for Correspondence: _____

TAL. _____ DISTT. _____ STATE. _____ PIN. _____

9. Contact: (Father/Mother) Mob: _____ Student Mob. _____

10. Email Address: _____

11. Educational Qualifications :

<u>Qualification</u>	<u>Main Subject</u>	<u>Month/Year of Passing</u>	<u>University/Board</u>	<u>Class/Grade</u>	<u>Percentage</u>

Note:

Signature of Candidate

- 1) Provision Contained in the University Ordinances/Regulations/Instructions/Rules will be applicable to the Applicant.
- 2) Additional /Specific information will be provided by the concern Department/P.G. Center/Committee.
- 3) If Entrance test is applicable, details of entrance will be provided by the concern Department/ P.G. Center/Committee.
- 4) Candidate has to attach self-attested copies of Mark sheets (SSC, HSC and GUJCET), Leaving Certificate, Cast Certificate, Creamy layer Certificate, Two Photograph, Degree certificate (If applicable), Adhar Card

Declaration by Candidate

I declare that all the information given by me is true to the best of my knowledge. If any information/Testimonials are found Incomplete/ False will disqualify my candidature.

Signature of Candidate