



KN SCHOOL OF PHARMACY

A Constituent School of KN University, Gota, Ahmedabad

SR. No. 115, 199, 311, 201-202, 26, Nr. Smt. K.N Patel International School, Nr. KNPI Circle, Vodafone Tower Lane, Gota, Ahmedabad-382481

Application Form for Management Quota (MQ)/ Vacant Quota (VQ)

B. Pharm Admissions 2024-25

Institute Code: 901469

Admission Type: MQ VQ

ACPC Application Number: _____

ACPC Rank No.: _____

Name of Applicant: _____

Address for Correspondence: _____

Email ID: _____

Father's Name: _____ Mother's Name: _____

Student's Mobile No: _____ Parents Mobile No: _____

Category: _____ Gender: _____

Date of Birth: _____ Nationality: _____

Religion: _____ Aadhar No: _____

Details of Qualifying Examination (HSC):

Roll No./ Seat No. _____

Passing Year: _____

Board: _____
(GSEB/CBSE/OTHER)

School Index No: _____

School Address with District: _____

State: _____

Subject	Theory Marks		Practical Marks	
	Marks Obtained	Marks Out Of	Marks Obtained	Marks Out Of
Chemistry				
Physics				
Biology				
Maths				
Grand Total				
PCM/PCB Theory Percentile/Percentage			Total Percentage	

Detail of Competitive / Entrance Examination (GUJCET/NEET): GUJCET

Roll No: _____

Total Marks Obtained _____ out of _____

Enclosures (Tick mark whichever is applicable):

Document	√/X
1. SSC Marksheet	
2. HSC Marksheet	
3. School Leaving Certificate	
4. GUJCET/NEET Marksheet	
5. Aadhar Card Copy	
6. Passport Size Photo- 01	
7. Cast Certificate (If Applicable)	
8. Non-Creamy Layer Certificate (If Applicable)	
9. Income Certificate (If Applicable)	
10. EWS Certificate (If Applicable)	

Declaration

I..... hereby declare that information submitted in this application form is correct/ true. If Institute/ University finds any information incorrect/ false, my admission for concerned program/ course can be considered as cancelled and I have no claim on Institute/ University. I will abide to all the Rules and Regulation framed by the KN School of Pharmacy, KN University, Gota, Ahmedabad.

Date:

Place:

Signature of Candidate

Name of Parent/Guardian

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Institute Interse Merit Rank: _____

Name and Signature of Verification officer

Seal of Institute