



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा (उ०प्र०)

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206 130 (U.P.)

Website: www.upums.ac.in

ADMISSION BROCHURE

MASTER of PHARMACY SESSION 2025-26

1. Programs offered

S.No.	Programs offered	Total Seats	UR	OBC	SC	ST	EWS
1.	M. Pharm (Pharmaceutical Chemistry)	6	2	2	1	0	1
2.	M. Pharm (Pharmaceutics)	6	3	1	2	0	0
3.	M. Pharm (Pharmacognosy)	6	2	2	1	0	1
4.	M. Pharm (Pharmacology)	6	3	1	1	1	0
Total		24	10	6	5	1	2

2. Minimum qualification for admission

The candidate should possess the following:

- B. Pharm Degree examination of an Indian university established by law in India from an institution approved by Pharmacy Council of India and has scored not less than 55 % of the maximum marks (aggregate of 4 years of B. Pharm.)
- Every student, selected for admission to post graduate pharmacy program in any PCI approved institution should have obtained registration with the State Pharmacy Council or should obtain the same within six months from the date of his/her admission, failing which the admission of the candidate shall be cancelled.
- It is mandatory to submit a migration certificate obtained from the respective university where the candidate had passed his/her qualifying degree (B. Pharm.)
- A valid GPAT score /score card.

3. Duration of the program

The program of study for M. Pharm shall extend over a period of four semesters (two academic years). The curricula and syllabi for the program shall be prescribed from time to time by Pharmacy Council of India, New Delhi.

4. Medium of instruction and examinations

Medium of instruction and examination shall be in English.

5. Programme Fee: The fee applicable to the M. Pharmacy programs will be **Rs 58,850/-** (for hostellers), for those not opting hostel **Rs. 52,850/-** in the first year at the time of admission. **HOSTEL WILL BE PROVIDED ONLY IF AVAILABLE.**

6. Rules and Regulations:

1. The Application form for admission to M. Pharmacy program(s) can be downloaded from the University website (upums.ac.in).
2. The duly filled admission form with all the documents is to be submitted as hard copy to the Office of COREE, Room no. **330**, Second floor, Administration block, Uttar Pradesh University of Medical Sciences, Saifai; along with the Demand Draft for application fee. The envelope should be marked "**M. PHARMACY PROGRAM APPLICATION 2025-26**".

***FORMS WILL BE ACCEPTED ONLY THROUGH REGISTERED POST OR SPEED POST.**

*Candidates are also required to **send the scanned copy of their application form** to the **Email ID: admission.mpharm@gmail.com** before the last date.

3. The Application fee would be Rs 3,000/- for UR, OBC and EWS candidates and will be Rs 2,000/- for SC, ST Candidates. Application fee once deposited is non-refundable. **The last date of submission of application form is 10th July 2025.** The DD should be made in the name of "**Finance Officer, UPUMS payable at Saifai.**"
 4. A merit list will be prepared based on GPAT score and would be displayed on the university website. The candidate would be informed by email as well.
 6. The seat allotment to the PG program will be based on valid GPAT score and the preference order for specialization during counselling in the University. The reservation would be applicable as per the Reservation policy of U.P. Government.
- 7. Criteria for defining Merit (In case of Tie):**
- i) Candidate having higher **Valid GPAT Score**, will have higher rank in the merit
 - ii) In case of Tie Break in (i), Candidate having higher **B.Pharm Percentage** will have higher rank in the merit
 - iii) In case of Tie Break in (ii) also, then Candidate having higher age as per **Date of Birth** will have higher rank in the merit
8. The candidate is required to bring all the documents in original and two sets of self attested 2 xerox copies with 6 copies of passport size photographs.
 9. The seat allotment would be provisional unless all the documents are submitted and the admission fee is deposited.
 10. A waiting list will be prepared double the number of seats in the specific program subject to the reservation policy.
 11. In case a candidate withdraws admission, the fee would be refundable as per university rules.
 12. In case of any vacant seat arising out of withdrawal of admission, the seat will be filled from counselling waiting list as per the reservation policy within one month from the commencement of program.



Uttar Pradesh University of Medical Sciences, Saifai, Etawah 206130, Uttar Pradesh
Faculty of Pharmacy
Application Form for M.Pharm 2025-26

(To be filled by the student in their own handwriting in **ENGLISH CAPITAL LETTERS** only)

Advertisement No.:..... Application Fee/ DD Amount:.....

DD Number.:..... DD Date:

Name of the Candidate:.....(As per Matriculation /10th Certificate)

Father's name:.....

Mother's name:.....

Date of Birth: DD/MM/YYYY.....Gender: M/ F.....

Category: UR/EWS/OBC/SC/ ST.....Sub Category:

Program/s in which applied:

GPAT Score:.....GPAT Rank:.....Percentile.....Year of GPAT cleared:.....GPAT Roll No :.....

State Pharmacy Council Registration No and the State:

Educational Qualification:

Photo
(to be pasted)

Examination Passed	Details of Marks		% of Marks	Year of Passing	Board/University
	Max. Marks	Marks Obtained			
Matriculation					
Intermediate (10+2)					
Diploma in Pharmacy					
B. Pharmacy					

Preference for Specialization in PG programme:

1.....2.....

3.....4.....

Corresponding address:.....

Permanent address: :.....

Mobile No:..... E-mail ID:.....

Aadhar No.:.....

Declaration

I above named, do hereby declare that the above information is true to the best of my knowledge and belief. Nothing has been concealed therein. If any information/my education/documents are found to be false at any stage, my candidature will liable to be rejected.

Signature of Student

Date.....

Note:

1. All supporting documents including education qualification details, DOB proof, Caste certificate, GPAT Score card, State Pharmacy Council Registration number/application for registration, AADHAR card, Migration certificate to be attached with the application. The application is liable to be cancelled in lack of documents.
2. Candidates are also required to **send the scanned copy of their application form** to the **Email ID: admission.mpharm@gmail.com** before the last date.



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Faculty of Pharmacy
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Father's name:.....

Mother's name:.....

Date of Birth: DD/MM/YYYY.....Gender: M/ F.....

Category: UR/EWS/OBC/SC/ ST.....Sub Category

Photo
(to be pasted)

(For Office use only below this)

Allotted Category.....

Program Allotted with Specialization:

Combined merit rank.....Category rank.....

Checklist of supporting document:

1. DOB proof
2. Matriculation Certificate and Mark sheet
3. Intermediate Certificate and Mark sheet
4. Diploma in Pharmacy Certificate and Mark sheet (if applicable)
5. B. Pharmacy Degree and Mark sheet
6. Valid GPAT Score card
7. State Pharmacy Council Registration/application for registration
8. Caste certificate
9. AADHAR card
10. Domicile certificate.
11. Migration Certificate

Date.....

Name and Signature of the Admission in-charge