

To,
The Director
Institute of Pharmacy
Nirma University
Sarkhej – Gandhinagar Highway
Ahmedabad.

**Sub: Sponsorship – Undertaking of the Sponsor for Academic Year – 2026-27 Pharm.D.
(Post Baccalaureate Programme).**

Sir,

I, Mr./Ms. _____, am residing at _____ (foreign address) since _____. I, hereby, sponsor Mr./Ms. _____ (herein after called as the ‘student’), residing at _____, who is my _____ (*) and is dependent on me, for the purpose of financing education leading to Pharm.D.(Post Baccalaureate.) under Institute of Pharmacy, Nirma University.

I hereby agree, affirm and declare that, if the said student is granted admission in the above course under the Institute of Pharmacy for pursuing the course of Pharm.D.(Post Baccalaureate), then I agree and undertake to pay the fee of **US \$5000** per year for I Year and **US \$5500** per year for II and III Year or equivalent Indian Rupees in advance every year for the total period of the programme in which he/she is to be admitted.

I also undertake that if the fee is increased for more than the **US \$5000 / US \$5500** or equivalent Indian Rupee per year, I will pay the same at the increased rate and I shall deposit the additional amount. I will also be fully responsible for the total financial support including all the expenses on academic/living and other incidental expenses.p

Yours faithfully,

(Name & Signature of the Sponsor) Date: _____ **Place:** _____

The above declaration is duly notarized by Mr./Ms. _____, Notary Public.

Signature of the Notary Public _____ **Stamp of the Notary Public** _____

[(*) The relationship of the candidate seeking admission with the sponsor is required to be mentioned here]
[#] Struck off wherever not applicable