

**(To be submitted on Stamp Paper of ₹ 50/-, if prepared in India only)**

**To,**

**The Director**

Institute of Pharmacy

Nirma University

Sarkhej – Gandhinagar Highway

Ahmedabad.

**Sub: Sponsorship – Undertaking of the Sponsor for Academic Year – 2026-27 (MPharm 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 Master of Pharmacy (MPharm) 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 MPharm., then I agree and undertake to pay the fee of **US \$6500** per 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 \$6500** 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.

Yours faithfully,

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

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

**Signature of the Notary Public** \_\_\_\_\_ **Stamp of the Notary Public** \_\_\_\_\_

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**[(\*) The relationship of the candidate seeking admission with the sponsor is required to be mentioned here]**

**(#) Struck off wherever not applicable**