

[illegible]

10. S.S.C or equivalent Examination

Name of the School : _____ Year of Passing : _____

Name of the Board : _____

Total Marks Obtained	Out of%	of Marks

11. Diploma Course in Pharmacy for Direct Second Year

Name of the College : _____

Name of the Board : _____ Year of Passing : _____

Class	Marks Obtained	Out of	% Marks
F.Y.D Pharm			
S.Y.D Pharm			

12. MHT CET Examination Year of Passing

Seat/Roll No	P	C	B	M	PCB Percentile	PCM Percentile

13. NEET Examination Year of Passing :

Seat/Roll NO	P	C	B	Total	Percent

14. Declaration by the Candidate:

- I, _____ undertake that, I have read all the rules of admission and college and after understanding the rules thoroughly, I have filled in the application form for admission to the **First Year B. Pharm /First Year D. Pharmacy/ Direct S.Y.B. Pharmacy** Academic Year 20__ to 20____
- II. I hereby agree to conform to any Rules, Act and Law enforced by Govt. and I hereby undertake that, I will do nothing either inside or outside the college which may result in disciplinary action against me under these Rules, Acts and Law.
- III. Condition of minimum attendance: I am fully aware that I will not be allowed to appear for examination, if I do not attend minimum 80% classes of theory, practical etc. I am also aware that I will not be allowed to appear for examination, if I fail to submit satisfactorily all the assignments, tasks, journals, reports as specified by the university within stipulated time limit.
- IV. I agree the rules of the Tuition fees may change as per yearly assessment by the **Fees Regulating Authority /Fees Fixation Committee** of Maharashtra Govt and shall be abide by the same. The above Information given by me in application is true to the best of my knowledge and belief.

Date :

Place :

Signature of the Candidate

15. Declaration to be signed by the Candidates Parent / Guardian / Ward.

I, _____ declare that

- I. The particulars furnished by my son/ daughter, Mr / Miss _____ in his/ her application form are correct to the best of my knowledge and belief.
- II. I undertake and bind myself to pay tuition fees, other fees etc. on behalf of my son/ daughter specified by the Institute at the time of admission or otherwise specified.
- III. I hereby undertake that I will pay the increased amount of fees (if any) as and when recommended by **Fees Regulating Authority/ Fees Fixation Committee (Govt. of Maharashtra)** in the event of course period.
- IV. I substantiate and accept the aforesaid declaration made by my ward.

Date :

Place :

Name & Signature of the Parent/Guardian

Application Scrutiny Remark : Application Scrutinized and Candidate is found to be **ELIGIBLE / NOT ELIGIBLE** for Admission to First Year B. Pharmacy/F.Y.D.Pharmacy /Direct S.Y.B. Pharm during Academic Year 20__ to 20____. Hence Candidate Application is **CONSIDERED/ NOT CONSIDERED** for Institute Level/ Probable vacant seats after CAP.

Checked & Verified

Office

Admission Section

Principal