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Padmashri Dr. Vitthalrao Vikhe Patil Foundation's

COLLEGE OF PHARMACY, AHMEDNAGAR

Vilad Ghat, P.O. M.I.D.C., Ahmednagar - 414 111 (M.S.)

[Approved by: AICTE, PCI New Delhi & Affiliated to University of Pune]

APPLICATION FOR PROVISIONAL ADMISSION TO F.Y./DIRECT S.Y.
B.PHARMACY STUDENTS YEAR 20 - 20

Application No:

-
1. Name of the student (in BLOCK Letters beginning with Surname) -----
 2. Date of Birth (In figure) (DD/MM/YYYY) -----
(In words) -----
 3. Category (OPEN/ OBC/ SC/ ST /DT/ NT/ SBC) -----
 4. Address for Correspondence -----

 5. Admission whether in E.B.C./ Average / OMS Seats -----
 6. Parent's/ Guardian's
 - (a) Full Name -----
 - (b) Occupation -----
 - (c) Permanent Address -----
 - (d) Office address (if any) -----
 - (e) Phone Number -----

7. Local Guardian's
- (a) Full Name -----
- (b) Occupation -----
- (c) Permanent Address -----
- (d) Office address (if any) -----
- (e) Phone Number -----
8. Name of Institution last attended -----
- Dist-----State-----
9. A) Marks obtained at MHT-CET ----- / 20
- B) Details of Examination:

	SSC or equivalent Grand Total	HSC equivalent Grand Total	Marks obtained at H.S.C. or equivalent exam.				
			Bio.	Phy.	Chem.	Maths.	Total PCB/PCM
Maximum Marks			100	100	100	100	300
Marks Obtained							
Month & Year of Passing			Marks obtained at D. Pharm. Examination and Year of Passing / 1000 /				

C) Name & Address of the Institution from where Std. X and Std. XII examination have been passed

SSC (Std. X.)	
HSC (Std. XII.)	

I have read all the rules of admission and on understanding these rules; I have filled this application form for consideration of submission of application form for admission to B.Pharm. Course. The information given by me in this application is true to the best of my knowledge & belief. If at later stage, it is found that I have furnished wrong information and submitted false certificate(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited.

Date :

Place :

(Signature of the Student)