

Padmashri Dr.Vithalrao Vikhe Patil Foundation's
COLLEGE OF PHARMACY,AHMEDNAGAR
APPLICATION FOR PROVISIONAL ADMISSION TO F.Y. / DIRECT S.Y.B.PHARMACY
STUDENTS YEAR-200 -200

1. Name of the student (in BLOCK -
letters beginning with Surname)

2. Date of Birth (in figure) -
(in words)

3. Category (OPEN/ OBC / SC/ ST /
DT / NT / SBC)

- 4 Address for correspondence -
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- 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) Phone Number -

8. Name of Institution last attended -
DistState

(P.T.O.)

9. A): Marks obtained at MHT-CET -/200

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 XII examination have been passed

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

Date :

Place :

(Signature of the student)