



Padmashree Dr. Vithalrao Vikhe Patil Foundation's

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

Paste
Recent
passport
photograph

-
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 -----

 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 ----- / 200

B) Details of Examination:

Maximum Marks	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
			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 SD XII examination have been passed

SSC (Xth Std.)

HSC (XIIth Std.)

Date :

Place :

(Signature of the Student)