



DR. VITHALRAO VIKHE PATIL FOUNDATION'S

COLLEGE OF PHARMACY

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

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

Accredited by NAAC with Grade B (CGPA 2.72)

APPLICATION FORM

FOR M.PHARM. COURSE,

(Pharmaceutical Chemistry/Q.A.T./Pharmacology/Pharmaceutics)

Academic year 20 - 20 .

Paste
Recent
Passport
Photograph

1. Title (Mr/Ms/Mrs) :----- 2. Surname:-----

3. First Name :----- 4. Father's/Husband Name:-----

5. Parent University :----- 6. Gender (M/F) :-----

7. Academic Information :

Particulars	Marks Obtained	Out of	Percent
SSC			
HSC			
B. Pharm. (Final Yr.)			
Date of Birth	D/M/YR :		

8. GPAT/MAH-MPH-CET-2010 information:

Qualified Exam.	Year	Score
1. GPAT		
2. MAH-MPH-CET		

9. Caste Information:

Category (GN/SC/ST)	
Validity Cert. Available (Y/N)	

10. List of attached attested documents (Please tick \checkmark):

1.	GPAT Score card/ MAH-MPH-CET- 2010 Score card		8.	B. Pharm degree Mark list/ Certifi. (with grade conversion chart if any) / Bonafide certificate	
2.	HSC Mark list		9.	Caste Validity certificate	
3.	SSC Mark list		10.	Sponsorship letter (If applicable)	
4.	Nationality Certi.		11.	Current Experience Certi. (If appli.)	
5.	College leaving certi		12.	Appointment letter	
6.	Gap certificate (if any)		13.	Joining letter	
7.	Caste Certificate		14.	Any other	

11. Address for communication: -----

Contact No: -----

12. Category of Seat :

Non-sponsored		Sponsored		SC/ST category	
General Merit list No.		General Merit list No.		General Merit list No.	

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 M.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: / /20 .

Signature of Applicant