



Padmashree Dr. Vithalrao Vikhe Patil Foundation's

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Recent passport
photograph

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

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:

	SSC or equivalent Grand Total	HSC equivalent Grand Total	Marks obtained at H.S.C. or equivalent exam.				
Maximum Marks			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 (X th Std.)
HSC (XII th Std.)

Date :

Place :

(Signature of the Student)