



FIRST YEAR D. PHARMACY ADMISSION FORM 2017-18

FOR OFFICE USE ONLY

CAP Application ID	Enrollment No.	General Register No.	Roll No.

CATEGORY

SC	ST	VJNT	OBC	SBC	OPEN

AFFIX
 A RECENT
 PASSPORT
 SIZE
 COLOUR
 PHOTOGRAPH

To,
 The Principal
 Yashwantrao Bhonsale College of D. Pharmacy
 Charathe, Sawantwadi

Sir,

I hereby submit my application for admission to First Year D. Pharmacy.
 My details are given below,

FULL NAME : _____

GENDER : MALE FEMALE

ADDRESS : _____

CONTACT NO. : PHONE
 MOBILE

EMAIL : _____

RELIGION : _____

CATEGORY : _____

DATE OF BIRTH :

BIRTH PLACE : PLACE _____ TALUKA _____
 DISTRICT _____

NATIONALITY : _____

STATUS : MARRIED UNMARRIED

MOTHER TONGUE : _____

HIGHT/WEIGHT : _____

BLOOD GROUP : _____

DOMICILE OF STUDENT : _____

DOMICILE OF PARENTS : _____



PARENTS/GUARDIAN DETAILS

FATHER'S NAME : _____

MOTHERS NAME : _____

GUARDIAN NAME : _____

RELATION : _____

SON/DAUGHTER NO. : _____

OCCUPATION : _____

ADDRESS : _____

CONTACT NO. :

ANNUAL INCOME : 0-1 Lakh 2-3 Lakh 4-5 Lakh
 1-2 Lakh 3-4 Lakh Above 5 Lakh

EXAM RECORD

S.No.	Exam	Name of School/College	Board	Year	Seat No.	Marks Obtained		%	Grade
	SSC								
	HSC								

PREVIOUS EXAM RECORD

Subject	Marks Obtained	PCB TOTAL	PCB Percentage	PCM TOTAL	PCM Percentage	MERIT NO.
Physics						
Chemistry						
Biology						
Mathematics						
English						

UNDERTAKING

I/We hereby certify that the information is correct to the best of my/our knowledge and belief. I/We fully understand that if any information is found to be false/incorrect, the admission of my/our ward will stand cancelled. I/We also understand that the application for registration does not guarantee admission to my/our ward. If my/our son/daughter is selected for admission, we hereby agree and give consent to abide by the rules regulations of Pharmacy College as applicable now and amended from time to time.

Guardian Name & Sign

Student Name & Sign

Date :



DOCUMENT SUBMITTED

S.No.	Name of Documents	Submitted	Remark
01	SSC Mark list		
02	SSC Board Certificate		
03	HSC Marklist		
04	HSC Board Certificate		
05	Leaving Certificate		
06	1st Year Diploma Mark Statement		
07	Indian Nationality Certificate		
08	Birth Certificate with Place of Birth		
09	Domicile Certificate of Candidate		
10	Domicile Certificate of Parents		
11	Cast Certificate (For MS*)		
12	Cast Validity Certificate (For MS*)		
13	Non Creamy Layer Certificate (For MS*)		
14	Income Certificate for EBC Candidate		
15	Gap Certificate		
16	Aadhar Card		
17	Migration Certificate (For OMS)		
18	Proforma - I		
19	Proforma - A (For Central Govt. Parents)		
20	Proforma - B (For Parents Presently Posted in Maharashtra)		
21	Proforma - C (Ex Serviceman)		
22	Proforma - E/F (For Physical Handicaped - P1,P2,P3)		
23			
24			
25			

Caste Certificate : SC/ST/VJ/DTNT(A)/NT(B)/NT(C)/NT(D)/OBC/SBC

Non Creamy Layer Certificate : VJ/DTNT(A)/NT(B)/NT(C)/NT(D)/OBC/SBC

*MS : Maharashtra State

*OMS : Other than Maharashtra State

Student Signature

ADMISSION ORDER BY THE PHARMACY

Admitted :

Not Admitted :

Signature of the Principal