

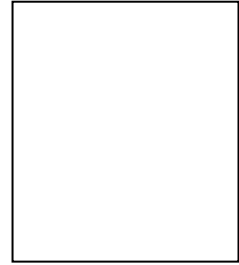


Samarth Educational Trust's
ARVIND GAVALI COLLEGE OF PHARMACY
JAITAPUR, SATARA.

Gut No. 261 Satara-Rahimatpur Road A/P- Jaitapur, Tal. / Dist.Satara-415004.

APPLICATION FORM

Academic year : 2020-21
ADMISSION TO B.Pharm First Year / Direct Second Year



1) **Name of Candidate**-----
(In capital) (Surname) (First Name) (Fathers Name)

2) **Gender:-** Male/Female.

3) **Date of Birth** 4)

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Place of Birth:-----
D D M M Y E A R

5) **State of Domicile:**----- 6) **Nationality**-----

7) **Permanent Address :**-----
-----**Pin Code**-----

8) **Phone No.:**-----**Mobile No.** -----**Email ID**-----

9) **Parent's/Guardians Name& Address**-----

10) **Parent's Annual Income:** -----

11) **A] Marks obtained in the HSC Examination:-**

Subject	Year of Passing	English	Physics	Chem.	Biology	Maths	Other	Grand Total	% of Marks
Marks obtained									

PCB		PCM	
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- B] Marks obtained in the group of:-
C] Marks obtained in the D.PHARM FINAL YEAR: -----
D] The Place of learning in HSC&

12) **Whether belonging to:-OPEN/SC/ST/OBC/SBC/VJ/NT1/NT2/NT3/NT4 /Minority**

13) **DECLARATION BY THE CANDIDATE AND GUARDIAN:-**

- a) *I hereby solemnly declare that I have read all the rules of admission to the Degree in Pharmacy and I have consulted my guardian and after fully understanding these rules I have filled in this application.*
- b) *I declare that I have not been debarred from studying in any school or college or appearing in any Examination during the period of my previous studies.*
- c) *The information furnished by me in the application is true to the best of my knowledge and belief.*
- d) *I fully understand that no other document other than those attached to this Application Form will be entertained for the purpose of any claim for priority, for admission or concession in fees etc.*

e) *I hereby agree to conform to the instructions, rules etc. of the Board of Technical Exam/Shivaji University and those of the institution and also the Acts and Laws enforced by the Government.*

f) *I understand that the admission being given to me on my claim on reservation if any, is provisional and same will be cancelled if the said claim is rejected by any competent authority.*

Signature of student

g) *I undertake and bind myself to pay within due date on behalf of my ward such fees, charges and the dues as levied by the authorities from time to time.*

h) *I understand that my ward's term will not be granted, if his/ her attendance will be less than 80% at the Theory & practical separately.*

Signature of Guardian

**SCRUTINY FORM
(FOR OFFICE USE ONLY)**

Sr. No	COPIES OF CERTIFICATE	REMARKS	Sign.& Name of Scrutinizer
1	<i>College Leaving Certificate</i>		
2	<i>H.S.C. Mark sheet</i>		
3	<i>S.S.C. Certificate</i>		
4	<i>Domicile Certificate & Nationality Certificate</i>		
5	<i>Caste Certificate for SC/ST/ OBC/SBC/VJDT/NT1,2,3,4</i>		
6	<i>Caste Validity Certificate</i>		
7	<i>Non Creamy Layer Certificate</i>		
8	<i>Income Certificate from Tahasildar for EBC</i>		
9	<i>Photo - 4 No's</i>		
10			
11			
12			
	<i>Total Documents</i>		

Date of Admission: -----

PRINCIPAL
Arvind Gavali College of Pharmacy