



Samarth Educational Trust's

# ARVIND GAVALI COLLEGE OF PHARMACY JAITAPUR, SATARA.

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

## ADMISSION FORM

Academic year : 2020-21

Application No. :- ADMISSION TO Master of Pharmacy First Year

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

नाव : (देवनागरी) -----

2) Gender Male/Female.

3) Date of Birth 

M	M	D	D	Y	Y	Y	Y
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4) Place of Birth:-----

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) Category Open  Reserved

If reserved Category Status : (Please tick in applicable box):-

SC  ST  NT(A)  NT(B)  NT(C)  NT(D)  OBC  SBC

12) B.Pharmacy Details

Name of the University : \_\_\_\_\_ Year of Passing \_\_\_\_\_

Name Of College: \_\_\_\_\_

Year	Year of Passing	Percentage
First Year M.Pharm		

13) Declaration by the Candidate :-

I, \_\_\_\_\_ Undertake that, I have read all rules of admission and institute and after understanding the rules thoroughly, I have filled in the application for admission to the First Year M. Pharm. (Academic Year 2015-2016).

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 Exa/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.

Date:-

Place:-

**Signature of student**

I, \_\_\_\_\_ declare that the particular furnished by my son / Daughter, Mr. / Miss \_\_\_\_\_ in his/ her Application from are correct to the best of my knowledge and belief.

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.

Date:-

Place:-

**Signature of Guardian**

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

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

Date of Admission: -----

Office Sup. / Registrar

**PRINCIPAL**  
Arvind Gavali College of Pharmacy