



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**

### **Admission to Final Year D.Pharm ACADEMIC YEAR - 20 - 20**

MSBTE Enrollment No :-

ROLL NO:-

1) Full Name of Candidate-----  
(Surname) (First Name) (Middle Name)

2) Permanent Address :-----  
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3) Contact No.: 1) Student No.-----2) Parent No.-----

4) Parent's/Guardians Name& Address-----  
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5) Date of Birth ----- Mothers Name :-----

6) \* Whether belonging to:-OPEN/ESBC/EWS/SC/ST/OBC/SBC/VJ-NT /Minority  
/Management

7) Marks obtained in the Previous Examination

	Year of Passing	Total Mark Obtained	Percentage of Marks	Remark
First Year D.Pharm				

\* Tick mark whichever applicable

*Students Sign*

### **FOR OFFICE USE ONLY**

#### **ACKNOWLEDGMENT**

Received the application form for admission to the D. Pharm Second Year at Arvind Gavali College of Pharmacy for academic year 2021-2022

From \_\_\_\_\_(Name of the Candidate)

Date of Admission \_\_\_\_\_

Signature of Receiving Authority

#### **Enclosure:**

- Tuition Fee & Other fees Receipt Xerox
- First Year Xerox Copies of Mark Sheet

(PRINCIPAL)