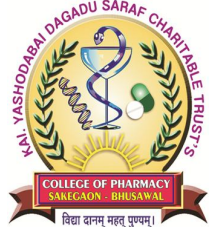


FOR OFFICE USE ONLY

Gen. Reg. No.					Roll No.	Category							Nature of Admission
						OMS	OPEN	OBC	SBC	SC	ST	VJNT	
Scholarship					Minority	GOI	Freshship	EBC	Other	State			



Kai. Yashodabai Dagadu Saraf Charitable Trust's
Sakegaon Bhusawal Dist. Jalgaon (M.S.) 425201
Phone (O)- (02582)255125
APPLICATION FOR ADMISSION TO
D. / B. / M.PHARMACY-20 -20

Small Passport
Size Photograph
to be pasted

To,
The Principal,
Kai Yashodabai Dagadu Saraf Charitable Trust's,
College of Pharmacy, Sakegaon Bhusawal Dist- Jalgaon (M. S)
Sir,

I hereby submitting my application for admission in _____
 My details are given below.

DETAILS OF THE STUDENT (Capital Letters Only)

↑ Signature of candidate
 (With Black ink only)

1	Last Name	:														
	First Name	:														
	Middle Name	:														
2	Fathers Full Name	:														
3	Mother Name	:														
4	Mother Tongue	:														
5	Gender	:	MALE				FEMALE									
6	Marital Status	:	Married				Unmarried									
7	Category	:	Cast				Sub Cast									
8	P. R.N. /Enrollment No.	:														
9	Permanent Address Village, Tal., Dist. with Pin code	:														
		Tal-									Dist.					
		Pin code														
10	Contact Number Student	:	Ph. No.						Mob. No.							
11	Contact Number Parents	:														
12	E-mail	:														
13	Domicile District of Parents	:														
14	Domicile State of Parents	:														
15	Date of Birth and Place	:							D	D	M	M	Y	Y	Y	Y
16	Blood Group	:	Income				Father Occupation									
17	SSC School Name	:														
18	HSC School Name	:														
19	Last School Name	:														
20	Aadhar Number	:														
21	Bank Name	:														
22	Branch Name	:														
23	Branch Code (MICR)	:														
24	Bank IFSC Code	:														
25	Bank Account Number	:														
26	Weight	Kg	:	Height				cm								

DETAILS OF QUALIFYING EXAMINATION

Exam	Month and Year of Passing	Marks Obtained				PCB Total	PCM Total	English	Total Marks Obtained	Out Of	%	Remarks
		PHY	CHE	BI O	MATH							
HSC												
COURSE		YEAR OF PASSING	SEM MARKS OBTAINED I/ III/ V/ VII	OUT OF	SEM. MARKS OBTAINED II/ IV/ VI/ VIII	OUT OF	TOTAL	OUT OF	%	REMARKS (Pass/Fail/ATKT)		
D. Pharm. I												
D. Pharm. II												
F .Y. B. Pharm.												
S .Y. B. Pharm.												
T .Y. B. Pharm.												
Final Year. B. Pharm.												

DOCUMENTS TO BE SUBMITTED

Sr. No.	DOCUMENT	ORIGINAL	XEROX
1	MH-CET Score Card		
2	SSC Marks Statement		
3	HSC Marks Statement		
4	School Leaving (LC/TC)		
5	Diploma F. Y. & S. Y. Mark Statement		
6	B. Pharm. All Sem. Mark Statement		
7	M. Pharm. Mark Statement		
8	Cast Certificate		
9	Cast Validity Certificate		
10	Non Creamy Layer Certificate		
11	Domicile Certificate		
12	Nationality Certificate		
13	Migration Certificate (If applicable)		
14	Gap Certificate (If applicable)		
15	Aadhar Card		
16	Bank Account (Xerox)		
17	Income Certificate (Xerox)		
18	Allotment Letter		
19	College Admission Conformation Letter		

I hereby declare that, all the information given above is true and correct to the best to my knowledge.

Signature of Guardian

Signature of the candidate

PLACE: SAKEGAON

DATE: / /20

CHECKED BY	VERIFIED BY (OFFICE)	SIGN OF PRINCIPAL