



RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL'S

## COLLEGE OF PHARMACY

Gat No.101,102, Dudulgaon, Moshi-Alandi Road, Pune - 412105

Maharashtra, India. web: [www.rjspmpharmacy.com](http://www.rjspmpharmacy.com)

Tel: 020-20280544, Fax: 020-20280280,

### APPLICATION FORM 2017-18

For Admission to

First Year B.Pharmacy

Direct Second Year B. Pharmacy

CAP I

CAP II

CAP III

CAPIV

IL

Photo

Application ID:

### PART A: PERSONAL DETAILS

1. Name of Candidate: \_\_\_\_\_

Surname

Name

Middle Name

(In BLOCK letters as it appears on the HSC mark sheet)

naava <sup>3</sup>dovanaagarl : \_\_\_\_\_

Mothers Name: \_\_\_\_\_

2. Gender: Male  Female

3. Date of Birth (dd/mm/yyyy) : \_\_\_\_\_ Blood Group : \_\_\_\_\_

4. Place of Birth : \_\_\_\_\_ Tal \_\_\_\_\_ Dist \_\_\_\_\_ State \_\_\_\_\_

5. Name & Permanent Address of Parent/Guardian : \_\_\_\_\_

Occupation of Parent/Guardian: \_\_\_\_\_ Annual Income: \_\_\_\_\_

6. Address for Correspondence if different than Permanent Address : \_\_\_\_\_

Pin : \_\_\_\_\_

Telephone No.(with STD Code: \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_

7. Aadhar Card No: \_\_\_\_\_

8. Aadhar card linked Bank Name \_\_\_\_\_

Branch: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

9. Caste: \_\_\_\_\_ 10. Category: Open  Reserved

If Reserved, Select Reserved Category Status: (Please tick in applicable box like)

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

11. Nationality: \_\_\_\_\_ State of Domicile: \_\_\_\_\_

12. Defence Type: DEF 1  DEF 2  DEF 3  NA

13. Person with Disability: P1  P2  P3  NA

14. Minority YES  NO  If YES then Select type Religious  Linguistic

15. Voting Card No. \_\_\_\_\_

**PART B. QUALIFICATION DETAILS**

**15. H.S.C or equivalent examination.**

Name of the College: \_\_\_\_\_

Year of Passing: \_\_\_\_\_ HSC Seat No: \_\_\_\_\_

Name of the Board: \_\_\_\_\_

Sr.No	Subject	Marks Obtained	Maximum Marks	Percentage
1	English		100	
2	Physics		100	
3	Chemistry		100	
4	Biology		100	
5	Mathematics		100	
6	Biotechnology		100	
7	PCB		300	
8	PCM		300	
9	PC BT		300	
10	Total marks			

**16. MT CET Examination:**

Exam Seat No: \_\_\_\_\_ Year of Passing: \_\_\_\_\_

Physics	Chemistry	Biology	Mathematics	PCB Total	PCM Total
100	50	50	50	200	200

**17. S.S.C or equivalent examination.**

Name of the School: \_\_\_\_\_

Year of Passing: \_\_\_\_\_ SSC Seat No: \_\_\_\_\_

Name of the Board: \_\_\_\_\_

Total Marks Obtained	Maximum Marks (Out of)	Percentage

**18. Diploma Course in Pharmacy (if applicable)**

Name of College \_\_\_\_\_

Name of Board: \_\_\_\_\_

Class	Year of Passing	Seat Number	Marks Obtained	Maximum Marks (Out of)	Percentage
F. Y. D. Pharm					

S. Y. D. Pharm					
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**PART C. ADMISSION DETAILS**

Application ID: \_\_\_\_\_

Applied for: Centralized Admission Process

Institutional Quota Seat

Merit No.: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Preference Number: \_\_\_\_\_

CAP Round No.: \_\_\_\_\_

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

**PART D: LIST OF DOCUMENTS**

The candidates are required to submit ALL Original Certificates/Documents in support of their claim for Admission at institute/College

Attested true copies of following documents should be attached along with Application form for Admission

SR.NO.	NAME OF DOCUMENTS	Submitted (YES/NO)
1	SSC mark sheet	
2	HSC/ B. Sc. mark sheet	
3	Diploma Mark sheet	
4	CET mark sheet (If Applicable)	
5	School Leaving Certificate	
6	Certificate of the Indian Nationality of the candidate	
7	Aadhar Card	
8	Domicile Certificate	
9	Caste certificate (If Applicable)	
10	Caste/Tribe validity certificate (If Applicable)	
11	Non creamy layer certificate (If Applicable)	
12	Voting card (If Applicable)	
13	Affidavit regarding gap (If Applicable)	
14	Income certificate of parent (If Applicable)	
15	For Second Year Pharmacy Equivalence Certificate from MSBTE (If Applicable)	
16	Candidate Bank Passbook linked with Aadhar card	
17	Person with Disability Certificate/Proforma	
18	Defence certificate /Proforma	
19	Caste Validity Certificate Undertaking	
20	DTE Seat Acceptance acknowledgement letter	
21	College Application form	

**Total Number of Documents submitted:**

## **PART E: DECLARATION**

### **19. Declaration by the Candidate:**

- I. I, \_\_\_\_\_ Undertake that, I Have read all the rules of admission and college and after understanding the rules thoroughly. I have filled in the application form for admission to the First / Direct Second Year of B. Pharm Academic Year 20\_\_\_\_\_ to 20\_\_\_\_\_
- II. I hereby agree to conform to any Rules, Act and Law enforced by Govt. and I hereby undertake that, I will do nothing either inside or outside the college which may result in disciplinary action against me under these Rules, Acts and Law.
- III. Condition of minimum attendance: I fully aware that I will not be allowed to appear for examination, if I do not attend minimum 75% classes of theory, practical etc. I am also are that I will not be allowed to appear for examination, if I fails to submit satisfactorily all the assignments, jobs, journals, reports as specified by the university within stipulated time limit.
- IV. I agree the rules of the Tuition fees may change as per yearly assessment by the Fees Regulating Authority Maharashtra Govt.

The Information given by me in application it true to the best & knowledge and belief

Date :

Place :

Signature of the Candidate

### **20 . Declaration to be signed by the Candidates Parent / Guardian:**

I, \_\_\_\_\_ declare that

- a. The particulars furnished by my son/ daughter, Mr. /Miss \_\_\_\_\_ in his/ her application form are correct to the best of my knowledge and belief.
- b. I undertake and bind myself to pay tuition fees, other fees etc. On behalf of my son/ daughter specified by the Institute time to time.
- c. I hereby undertake that I will pay the amount of fees(if any) as and when recommended by Fees Regulating Authority (Govt. of Maharashtra ) in the event of course period
- d. I substantiate and accept the aforesaid declaration made by my ward

Date :

Place :

Name &Signature of the Parent/ Guardian

## **ONLY FOR OFFICE USE**

Name of Candidate	
Seat Type	
Admission Round	
Date of Admission	
Fess Paid	
Remaining Documents	
Remarks If any	

Checked & Verified

Admission Cell In charge

Principal