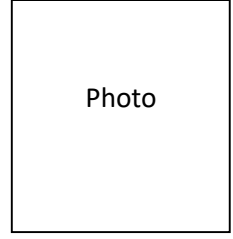




RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL'S  
**INSTITUTE OF PHARMACY**

Gat No.101,102, Dudulgaon, Moshi-Alandi Road, Pune - 412105  
Maharashtra, India. web [www.rjspmpharmacy.com](http://www.rjspmpharmacy.com)  
Tel: 020-66998965, Mob: 7447763087,



**APPLICATION FORM**

**For Admission to First Year D. Pharmacy (Year 2024- 2025)**  
(In BLOCK letters as it appears on the mark sheet of qualifying examination)

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

नाव  देवनागरी  : \_\_\_\_\_

2. Gender: Male  Female  Mothers Name : \_\_\_\_\_

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

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

5. Name of Parent (Father/Mother) : \_\_\_\_\_

6. Name of Parent/Guardian : \_\_\_\_\_

7. Permanent Address of Parents/Guardian : \_\_\_\_\_

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

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

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

Mobile No. 1 \_\_\_\_\_ Mobile No. 2 \_\_\_\_\_

E-mail \_\_\_\_\_ Aadhar No \_\_\_\_\_

9. Category : **Open**  Caste \_\_\_\_\_

If **Reserved**  Caste \_\_\_\_\_ Please tick in applicable box like  $\checkmark$

SC  ST  NT(A)  NT(B)  NT(C)  NT(D)  DT/VJ  OBC  SBC  SEBC  EWS

**Special Category**

Defense  Minority  Orphan  PWD  Type of PWD

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

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

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

Subject	Physics	Chemistry	Biology	Maths	English	PCM Total	PCB Total	% Marks in		Grand Total
								PCM	PCB	
Marks Obtained										
Maximum Marks										

**12. S.S.C or equivalent Examination**

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

Total Marks Obtained	Out of	% of Marks

**13. Declaration by the Candidate :**

- I, \_\_\_\_\_ Undertake that, I Have read all the rules of admission and institute and after understanding the rules thoroughly. I have filled in the application form for admission to First Year of D. Pharmacy Course.
- II. I hereby agree to conform to any rules, Act and law enforced by MSBTE, DTE, AICTE, PCI & RJSPM. 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 aware 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 College within 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 is true to the best of my knowledge and belief .

Date :

Place :

Signature of the Candidate

**14. 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 at the time of admission or otherwise specified.
- c. I hereby undertake that I will pay the increased amount of fees(if any) as and when recommended by Fees Regulating Authority (Govt. of Maharashtra ) during the course period
- d. I substantiate and accept the aforesaid declaration made by my ward

Date :

Place :

Name &amp; Signature of the Parent/ Guardian

Admitted / Not Admitted

Checked &amp; Verified

Admission Cum In charge

Principal