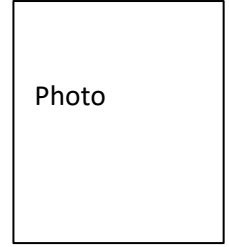




**RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL'S
COLLEGE OF PHARMACY**

Gat No.101,102, Dudulgaon, Moshi-Alandi Road, Pune - 412105
Maharashtra, India. web: www.rjspmpharmacy.com
Tel: 020-20280544, Fax: 020-20280280,



APPLICATION FORM 2018-19

For Admission to

First Year B.Pharmacy

Direct Second Year B. Pharmacy

CAP I

CAP II

CAP III

CAPIV

IL

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 ³dovanaagarl : _____

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					
----------------	--	--	--	--	--

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, _____ 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