

10. S.S.C or equivalent Examination

Name of the School : _____ Year of Passing _____

Name of the Board : _____

Total Marks Obtained	Out of	% of Marks

11. Diploma Course in Pharmacy for Direct Second Year

Name of College _____

Name of Board : _____ Year of Passing _____

Class	Marks Obtained	Out of	% Marks
F. Y. D. Pharm			
S. Y. D. Pharm			

12. MHT CET Examination Year of Passing**13. NEET Examination Year of Passing :**

Seat/Roll No	P	C	B	M	PCB Percentile	PCM Percentile

Seat / Roll NO	P	C	B	Total	Percent

14. 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 80% 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 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 of, 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

15 . 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 ect. 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) 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

Admitted / Not Admitted

Checked & Verified Office

Class Teacher

Principal