



Website: www.gcpharma.ac.in
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सत्यमेव जयते

Government of Maharashtra
**Government College of Pharmacy,
Chhatrapati Sambhajinagar**

Near Govt. Polytechnic, Osmanpura, Chhatrapati Sambhajinagar - 431 005

:Admission form:

ADMITTED COURSE:- **[PHARM-D]**

DATE:-/...../20....

YEAR:- I/II/ III/IV/V/VI

SUBJECT:-

COLLEGE PRN:- UNIVERSITY PRN:

ADMITTED IN:- CAP. I/II/III/IV/V/VI/ACAP ACADEMIC YEAR: 20__20__

CATEGORY: OPEN/OBC/SC/ST/VJ(A)/NT-C-B-D/SBC/SEBC/EWS

ADMISSION CATEGORY: OPEN/OBC/SC/ST/VJ(A)/NT-C-B-D/SBC/SEBC/EWS

SEAT ALLOTTED:- SPONSORED/NON SPONSORED/SPONSORED OMS/NON SPONSORED OMS

Photo

2) PERSONAL DETAIL:

NAME OF STUDENT (MENTIONED ON 12 th MARKSHEET):-	
FATHERS NAME:-	
MOTHERS NAME:-	
DATE OF BIRTH:-	
BIRTH PLACE:-	
PHYSICALLY CHALLENGED:-	YES/NO
GENDER:-	MALE/FEMALE
MOBILE NO:-	
PARENTS MOBILE NO:-	
AADHAR NO:-	
PARENTS ANNUAL INCOME:-	
BANK NAME & A/C NO:-	
IFSC CODE:-	
EMAIL ID:-	
OCCUPATION OF GURDIAN:-	

ADDRESS FOR CORRESPONDENCE	PERMANENT ADDRESS
PIN CODE:	PIN. CODE:

FIRST/SECOND YEAR

BOARD/SCHOOL NAME	PASSING YEAR	MARKSHEET NO	EXAM SEAT NO
TOTAL MARK	MARK OBTAINED	PERCENTAGE	GRADE/CLASS

SECOND/FORTH/FIFTH/YEAR

BOARD/SCHOOL NAME	PASSING YEAR	MARKSHEET NO	EXAM SEAT NO
TOTAL MARK	MARK OBTAINED	PERCENTAGE	GRADE/CLASS



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DETAILS OF DOCUMENT SUBMITTED:-

SR. NO	NAME OF DOCUMENT SUBMITTED	ORIGINAL COPY	PHOTO COPY	ORIGINAL DOCUMENT PENDING.
1	Last Two Year Mark sheet			
2	Nationality/Domicile/Age Certificate			
3	Cast Certificate			
4	Cast Validity Certificate.			
5	Aadhar Card, Bank Pass Book Xerox Copy.			

If student fill to submit the document within the specified period the admission will cancelled and the student must have to pay the applicable fees for the concern admission.

DECLARATION BY STUDENT

I hereby declared that I have read the information filed by me. The information in the form is accurate and true to the best of my knowledge will be responsible for any false information provided by me. I am aware of the Maharashtra prohibition of ragging Act 1999 and I state that I will abide by all the rule and regulation of said Act. I will not Engaged in any kind of ragging activities. I will follow rules, regulation and guidelines of the college and follow the discipline of the College.

PLACE:

STUDENT SIGNATURE

MEMBER OF ADMISSION COMMITTEE

ADMISSION INCHARGE

PRINCIPAL
Govt. College of Pharmacy,
Chh. Sambhajinagar.

FOR OFFICE USE ONLY

FEES PAID.....ONLINE TRA. NO.....RECEIPT NO DATE

STUDENT SECTION

ACCOUNTANT

PRINCIPAL
Govt. College of Pharmacy,
Chh. Sambhajinagar.