
	Shikshan Prasarak Mandal's College of Pharmacy Akluj,(Bachelor of Pharmacy)	Application No: 100045 Regular
	Application Form 	

Course Applied For : Bachelor of Pharmacy		ABC ID :		PRN : -	
Application Date : 30-05-2024					
Did You Enrol Your Name In Electoral Voter List: YES					
Personal Information		Last Name		First Name	
Name Of Student		Pal		Vandana	
Student Name In Devnagri				Harishchandra	
Father's/Husband's Name :		Pal		Harishchandra	
Mother Name :		Urmila			
Marital Status : Unmarried			Mother Tongue : Hindi		
Place of Birth : India		Gender : Female		Date of Birth (DD/MM/YYYY) : 23-07-1999	
Blood Group : O+		Religion : Hinduism		Country of Citizenship : Indian	
Is Student NRI/Foreign National : Yes / NO				Domicile State : Maharashtra	
Address For Correspondence : 602/Ramabhai Paradise					
State : Maharashtra		District : Thane		Tehsil : Thane	
				City/Town/Village: Mira-Bhyander	
				Location Area : Urban	
Pin Code : 401107					
Permanent address : 602/Ramabhai Paradise					
State : Maharashtra		District : Thane		Tehsil : Thane	
				City/Town/Village: Mira-Bhyander	
				Location Area : Urban	
Pin Code : 401107					
Contact Details					
Aadhar Card No : 151515233565				Parent No : 9892273322	
Mobile Number : 9870865530				Email ID : vandana@edulab.in	
Legal Reservation Information :					
Category Type : Open/General				Category : General	
Is Specially A Bled ? : No					
Social Reservation Information Section (Check mark Whichever is applicable.write name of supporting document attached in section)					
Ex Servicemen Ward Of Ex Servicemen				Active Servicemen Of Active Service Men	
Freedom Fighter Ward Of Freedom Fighter				Ward Of Primary Teacher	
Ward Of Secondary Teacher				Deserted / Divorced / Widowed women	
Member Of Project Affected Family				Member Of Earthquake Affected Family	
Member Of Flood/Famine Affected Family				Resident Of Tribal Area	
Kashmir Migrant					

Medium of Instruction : English		
4. Guardian Information		
Guardian Name : Harishchandra		Occupation of Guardian : Business
Relationship Of Guardian With Applicant : Father		Annual Income of Guardian : Below 50,000
		Phone No : 9892273322
5. Nominee Details for InsuranceGuardian Information		
Nominee Full Name : Harishchandra		Nominee Date Of Birth : 1997-12-30
		Relationship with Nominee with applicant : Father

Attachment Documents And Certificates Section:			
Sr.No	Name Of Document / Certificate	Original / Attested Copy	Attached (Yes/No)
1	Photo	Photo Copy	
2	HSCMarksheet	HSCMarksheet Copy	
3	Sign	Sign Copy	
4	SSCMarksheet	SSCMarksheet Copy	

5. Educational Details									
Name of Examination	Name of Board/ University and State of University	Name of School/ College	Month and Year of Passing	Exam Seat No.	Certificate No.	Mark Obtained	Out of	CGP A	%
Std 10th		KGSSS	May	141414		510	600		83.33
Std 12th	Maharashtra State Board Of Secondary and Higher Secondary Education (MSBSHSE)	Thakur College	May	454545		500	600		83.33

Other Information :		
Mother tongue : Hindi	Employment Status : Employed	Do You Wish To Join NSS : Yes / No
Hobbies,Proficiency And Other Interest:		
Games and Sports participation:		
Level (e.g.College / State / National / International etc.)		
Personal Identification Marks:	1	2
Declaration By Student I hereby declare that I have read the rules related to admission and the information filed in by me in this form is accurate and true to the best of my knowledge. I attend the lecture, tests regularly & punctually. I am aware that 80% attendance is obligatory. I will be responsible for any discrepancy, arising out of the form signed by me and i undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel I am aware of the Maharashtra Prohibition of Ragging Act,1999 and I state that I will abide by the rules and regulation of the said Act. Place : Date : <div style="text-align: right;">Signature of the student</div>		
Declaration By Guardian I have permitted my son/daughter/ward to join you college. The information supplied by him/her is correct to the best of my knowledge I have acquainted myself with the rules and fess. dues to my son/daughter/ward and to see that he/she observers. Place : Date : <div style="text-align: right;">Signature of the Guardian</div>		
For college/Institute/Study Center Use Only		
Designation	Remark / Particulars / Recommendations	
Admission Clerk		
Admission Committee		
Accountant/Cashier	Cash Received :INR	Receipt No : Date :
Register/Office Superintendent		