



**Smt. Sharadchandrika Suresh Patil College of Pharmacy**  
**Chopda-425107 Dist. Jalgaon (M.S.)**

**APPLICATION FORM FOR ADMISSION TO**  
**F.Y.B.PHARM/ DIRECT S.Y.B.PHARM COURSE**

ACADEMIC YEAR 20 -

Small Passport  
 Size Photograph  
 to be pasted

**FOR OFFICE USE ONLY**

CET SEAT NO.	CATEGORY	ADMN CENTRE	GENDER	ROLL. NO.	FEES PAID	RECEIPT NO. & DATE	GEN REG NO.					

**DETAILS OF QUALIFYING EXAMINATION**

Exam	Month & Yr of passing	Marks obtained / out of				PCB / PCM Total	Eng	Total Aggregate	Aggregate %	Actual Score
		PHY	CHE	BIO	MATH					
HSC										
CET										

**FOR DIRECT S.Y.B.PHARM STUDENTS**

EXAM	MARKS OBTAINED	OUT OF	MONTH AND YR. OF PASSING
DCP-I			
DCP-II			

To,  
 The Principal, Smt. Sharadchandrika Suresh Patil College of Pharmacy,  
 Chopda-425107, Dist. Jalgaon (M.S.)  
 Sir,

I hereby submit my application for admission to F.Y.B.Pharm / Direct S.Y.B.Pharm. My details are given below.

**DETAILS OF THE STUDENT**

1	Surname	:																		
	First Name	:																		
	Middle Name	:																		
	Name in Marathi (Surname First)	:																		
2	Name of the father/ guardian	:																		
3	Name of the mother	:																		
3	Address for correspondence	:																		
			Pin code-																	

4	Phone No.s		STD Code -	Ph.No.	Mob.-			
5	E-mail ID	:	@					
6	Domicile District of Parents	:						
7	Domicile State of the Parents	:						
8	Date of Birth	:						
			D	D	M	M	Y	Y

**RECORD OF PREVIOUS TWO YEARS**

YEAR	CLASS	NAME AND ADDRESS OF THE SCHOOL/ COLLEGE

**DOCUMENTS TO BE SUBMITTED**

DOCUMENT	ORIGINAL (PI tick)	XEROX (PI tick)
School Leaving Certificate		
CET Marks Statement		
HSC or 10+2 Marks Statement		
HSC or 10+2 Board Certificate		
10th Marks Statement		
10th Board Certificate		
Caste Certificate (For MS )		
Caste Validity Certificate (For MS )		
Non Creamy layer Certificate (For MS)		
Domicile/ Nationality Certificate		
Migration Certificate (For OMS )		
Gap Certificate (If applicable)		
Physical Fitness Certificate		
Total Documents submitted		

**MS= Maharashtra State/ OMS= Out of Maharashtra State**

I hereby declare that, all the information given above is true and correct to the best of my knowledge.

\_\_\_\_\_

Signature of Guardian

\_\_\_\_\_

Signature of the candidate

PLACE :

DATE :        /        /

CHECKED BY	VERIFIED BY	SIGN OF PRINCIPAL