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



# APPLICATION FORM FOR ADMISSION TO M.Pharm First/ Second Yr Academic Year 2012-13

Small Passport Size Photograph to be pasted

#### FOR OFFICE USE ONLY

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NO.		CENTRE GENDE		GENDEN		NO.	NO. PAID		DATE		I I		T T T					
To, The Principal, Sir, I hereby submit my application for admission . My details are given below.																		
DETAILS OF QUALIFYING EXAMINATION  Month & Yr of Marks Obtained O																		
Exam		passing	-	3rd + 4th Year			Out of			Total Aggregate			Aggregate %			Score/ Merit		
B.Pharm																		
GATE																		
CET																		
DETAILS OF THE STUDENT																		
Surname (BLOCK LETTERS)					:													
1	First Name (BLOCK LETTERS)					:	$\vdash$		+				+					
Mido		ddle Name (BLOCK LETTERS)				:		+	+	+								
	Name in Marathi (Surname First)					:												
2	Name of the father/ Guardian					:												
3	Name of the mother					:												
3 Addı		ddress for correspondence				:												
							Tal DistPin code											
4	Phone No.s						STD	STD Ph.No Mob										
5	E-mail ID					:	@											

6	6 Domicile District of Parents			:											
7	Domicile State of the Parents			:											
8	Date of Birth	Date of Birth													
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	or choori														
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DOCI	JMENTS TO BE	SUBMITTED													
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Selec	tion Letter					,	<u> </u>								
Colle	ge Leaving Certif	ficate													
B.Pha	arm 4th Marks St	atement													
Passi	ng Certificate fro	m University													
Degre	e Certificate														
Attem	pt Certificate														
Domi	cile/ Nationality C	Certificate													
Migra	tion Certificate														
GATE	Score Card (If a														
CET Score Card (If applicable)															
Caste Certificate (If applicable)															
Caste	Validity Certifica														
Non (	Creamy layer Ce	ole)													
	Certificate (If app														
Spons	sorship Letter (If														
Expe	ience Certificate														
Other															
Total	Documents subr	mitted													
I here	by declare that	, all the informati	on given al	boʻ	ve is tru	e and co	orrect to	the best	t of my k	nowledo	je.				
Signa	Signature of Guardian Signature of the candidate														
PLAC DATE	E: Chopda E: /	I													
CHECKED BY					/ERIFIE	D BY			SIGN OF PRINCIPAL						

#### UNDERTAKING

### All candidates who have applied for admission shall be dimmed to have submitted the following undertaking.

- a) I have read all the rules of admission and after understanding these rules thoroughly I have filled in the application form for admission for the current year.
- b) The information given by me in my application is true to the best of my knowledge and belief. I understand that; if any of the statements made by me in the application form or any information supplied by me in connection with my admission found to be false or incorrect; my admission will be cancelled. Fees forfeited and I may be expelled from the college by the Principal.
- c) I have not been debarred from appearing at any examination held by any Govt. constituted or Statutory examination authority in India.
- d) I fully understand that the offer of a course will be made to me depending on my inter-se-merit and availability of a seat at the time of scrutiny of my application when I will actually report to the admission authority according to the scheduled of admission.
- e) I understand that no documents after the last date of submission will be entertained for the purpose of claims or concession etc. in connection with my admission unless otherwise maintained in the rules
- f) I am fully aware that the Competent Authority or its representative will not make any correspondence with me regarding admission. I am also aware that it is entirely my responsibility to see the notice on the notice board of concerned admission center.
- g) I am aware that any rules imposed by the university such as imposing limits on the no. of attempts permissible to pass any examination shall be binding on me.
- h) I hereby agree to conform to any rules Acts and Laws 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 under these rules, Acts and Laws referred to.
- i) I fully understand that the Principal of the college where I would be admitted has a right to expel me from the college for any infringement of the rules or conduct and discipline prescribed by the college or university or Govt. and undertaking given above.

#### ATTENDANCE:

I am fully aware that, I will not be allowed to appear for the examination if I do not attend minimum 80 % classes of theory, practical, drawing etc. I am also aware that I will not be allowed to appear for the examination, if I fail to submit satisfactory all the assignments, jobs, journals, drawing, reports as specified by the University within stipulated time limit.

The interpretations of rules and regulations will be sole discretion of competent authorities for admission and their decision will be final and binding. The Competent Authority means the sole authority appointed by the Mahatma Gandhi Shikshan Mandal, Chopda Dist. Jalgaon to invite applications, effect admission by implementing these rules and to act as Appellate Authority for representations, if any.

Backward class category candidates reporting for admission without Cast validity certificate will be offered admission on the condition that.:- \* They Submit the Caste Validity Certificate within 12 weeks from the date of admission, failing to which the candidate's admission will stand cancelled without any refund of fee.

Signature of the Guardian	Sign of Candidate
Date: / / Place: Chopda	