

Admission Form

Smt.Sharadchandrika Suresh Patil College of Pharmacy



Chopda-425107 Dist.Jalgaon (M.S.)

**APPLICATION FORM FOR ADMISSION TO
REGULAR S.Y./ T.Y. / FINAL B.PHARM
COURSE**

Small Passport Size
Photograph to be
pasted

FOR OFFICE USE ONLY

ROLL NO.	CATEGORY	QUOTA	GENDER	FEES PAID	RECEIPT NO. & DATE	GEN REG NO.					

To,

The Principal,

Smt.Sharadchandrika Suresh Patil College of Pharmacy,

Chopda-425107, Dist.Jalgaon (M.S.)

Respected Sir,

As I have qualified for admission to S.Y./ T.Y./ Final B.Pharm. You are requested to kindly admit me in the class. 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	Y

PREVIOUS DUE

FY	SY	TY	TOTAL
Rs.	Rs.	Rs.	Rs.

DETAILS OF QUALIFYING EXAMINATION

QUALIFYING EXAM.	MONTH & YEAR OF PASSING	TOTAL MARKS OBTAINED IN		TOTAL/ OUT OF	PASS/ ATKT
		THEORY	PRACTICAL		
F.Y.B.PHARM					
S.Y.B.PHARM					
T.Y.B.PHARM					

DOCUMENTS TO BE SUBMITTED

MARKS STATEMENT OF THE LAST QUALIFYING EXAMINATION.

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	FEES PAID (REMARKS BY A/C)	SIGN OF PRINCIPAL