



Form No.

001

Mahatma Gandhi Shikshan Mandal's

**SMT. SHARADCHANDRIKA SURESH PATIL COLLEGE OF PHARMACY**

Chopda Tal. Chopda Dist. Jalgaon, Maharashtra- 425 107

Phone/Fax No. : +91-2586-222366/223150 E-mail : [bpharmchopda@yahoo.com](mailto:bpharmchopda@yahoo.com) Website : [sspharmacychopda.in](http://sspharmacychopda.in)  
(Affiliated to North Maharashtra University, Approved by Govt. of Maharashtra AICTE and Pharmacy Council of India and ISO 9001:2008 Certified)**Vision**

To nurture excellence in Pharmacy profession and mould the institution into a centre of deft Pharmacy Professionals.

**ADMISSION FORM****ACADEMIC YEAR****201 -201****Mission**

We are committed to deliver quality Pharmacy education in order to mould the learners into globally competitive Pharmacists who are professionally, intellectually adept and socially responsible.

Gen. Reg. No.	Roll No.	F.Y.	S.Y.	T.Y.	Final	Direct S.Y.	F.Y. M. Pharm	S.Y. M. Pharm

Name of the Student : .....

(Beginning with surname in block letter)

Class : .....

Course : B. Pharm./M.Pharm : .....

Roll No. : .....

GATE/GPAT/Seat No. : .....

CET Seat No. ....

Admn. Centre : .....

Fees Paid : .....

Receipt No. &amp; Date : .....

Affix Recent  
Passport  
Size Photograph

Sign.

Fee Category :

☐

Open

☐

OBC

☐

SC

☐

NT/VJ

☐

ST

☐

SBC

**B. PHARM STUDENTS**

EXAM	Name of Institute	Month & Yr of passing	Marks obtained / out of				PCB/PCM Total	ENG	Total Aggre-gate	Aggre-gate %	Actual Score
			PHY	CHE	BIO	MATH					
SSC											
HSC											
CET											

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

Exam	Name of Institute	Marks Obtained	Out of	Month & Year of passing
DGP-I				
DGP-II				



### M. PHARM STUDENTS

EXAM	Name of Institute	Month & Yr of Passing	Marks Obtained 3 <sup>rd</sup> + 4 <sup>th</sup>	Out of	Total Aggregate	Aggregate %	Score/ Merit
B.Pharm							
GATE/GPAT							
CET							

### DOCUMENT ENCLOSED

Document Name	original(Plz tick)	Zerox (Plz tick)
Selection Letter		
School Leaving Certificate		
Degree Certificate (For M. Pharm.)		
CET/GATE/GPAT Marks Statement		
Passing Certificate from University (For M. Pharm.)		
Final Year B. Pharm. 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		
PCI Registration Certificate (For M. Pharm.)		
Total Documents submitted		

### FOR OFFICE USE ONLY

Admission Receipt No. : ..... Receipt Date : .....

Bank Name : ..... DD No..... Cash/DD Amount : .....

### DETAILS OF PREVIOUS RESULT

Class	Admission Academic Year	Roll No.	Month & Year of Examination	Seat No.	Semester	Result
F. Y. B.Pharm.					I	
					II	
S. Y. B.Pharm.					III	
					IV	
T. Y. B.Pharm.					V	
					VI	
Final Y.B.Pharm.					VII	
					VIII	
F.Y. M.Pharm.					I	
					II	
S.Y. M.Pharm.					III	
					IV	



### STUDENT INFORMATION

Name of Student : .....  
(Surname) (Name) (Father's/Husband Name)

Permanent Registration No./Member ID : ..... University PRN : .....

Gender : ☐ Male ☐ Female ☐ Transgender

Residence Address : .....

Village : ..... Taluka : ..... District : .....

State : ..... Pin Code : ..... Phone : .....

Fax : ..... Personal Cell No. : ..... Parent Cell No. : .....

Email Id : ..... Place : ☐ Rural ☐ Urban

Date of Birth : ..... Birth Place : ..... Nationality : .....

Mother Tongue : ..... Marital Status : ..... ☐ Married ☐ Unmarried

Occupation Status : ☐ Employed ☐ Unemployed Blood Group : .....

Handicap : ☐ Yes ☐ No (If Yes details of nature of handicap)

Conveyance Use : ☐ Bicycle ☐ Bus ☐ Two Wheeler ☐ By Walks ☐ Other

Religion : ☐ Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐ Jain ☐ Other

Caste : ..... Sub Caste : .....

☐ Open ☐ OBC ☐ SC ☐ NT/VJ ☐ SBC ☐ ST

Specialization Subject : ..... Qualification : M. Pharm

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

Name & Signature of Guardian

Name & Signature of Candidate

( )

( )

Place :

Date : / /201

Checked by	Verified by	Accountant	Hostel	Sign. of Principal
		Amount Paid Rs.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### GUARDIANS INFORMATION

Father's Full Name : .....

Mother's Full Name : .....

Address : .....

City : ..... Village : ..... Taluka : ..... District : .....

State : ..... Pin Code : ..... Phone : ..... Fax : .....

Cell No. : ..... Email Id : .....

Father Profession : ..... Annual Income : .....

Whether belong to non-Creamy layer : ☐ Yes ☐ No

Parent's Company Information : .....

Parent's Company : .....

Address : .....

City : ..... Village : ..... Taluka : ..... District : .....

State : ..... Pin Code : ..... Phone : ..... Fax : .....

Cell No. : ..... Email Id : .....

Company Website : .....

### PREVIOUS INSTITUTE INFORMATION

Last Attended Class : ..... Last Attendance Institute Name : .....

Name of Board/University : .....

### ELIGIBILITY CRITERIA

☐ Foreigner ☐ N.R.I. ☐ Other University ☐ Same College

Residence Type : ☐ Maharashtra State ☐ Other State

Last Qualified Examination : ..... Passing Year : ..... Result : .....

Name of the Examination Center : ..... Seat No. : ..... PRN : .....

T. C. No. : ..... Migration T. C. No. : ..... Issue Date : .....



### CONCESSION INFORMATION

Fee Concession : ☐ G.O.I.S. ☐ G.O.I.F. ☐ E.B.C. ☐ Minority  
☐ Ex. Serviceman ☐ F.E.G. ☐ P.T.C/S.T.C.  
Bank Name : ..... Bank Account No : .....  
Concession Type : ☐ Renewal ☐ Fresh

### SUBJECT INFORMATION

Sem.....

Sem.....

Sr. No.	Paper Code	Subject Code	Subject Name	Sr. No.	Paper Code	Subject Code	Subject Name
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			

Name & Signature of Guardian Teacher

( )

Name & Signature of Academic Incharge

( )



## QUALITY POLICY

We, at Smt. Sharadchandrika Suresh Patil College of Pharmacy, Chopda are committed to impart Quality Technical Education in Pharmacy as per the needs and expectations of Students and industries. We shall achieve this through continual improvement in academic standards and support processes.

## UNDERTAKING

All candidate 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 scheduled of admission.
- e) I understand that no documents after the last date of submission will be entertained for the purpose of claims of 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 ant 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 with in 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.

.....  
Name & Signature of Guardian

.....  
Name & Sign. of Candidate

Date :        /        /

Place : Chopda