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Class	SSC	HSC	First Year D. Pharm.
University /Board			
Year of Passing			
Total Marks “X” out of “Y”	/	/	/
Marks Obtained %			

DOCUMENT LIST

The following listed documents with two photocopies should be submitted by the candidate taking admission to First /Second Year D. Pharmacy for the year 20 - 20

Sr. No.	Name of Document/Certificate	Yes	No	Remark
1	SSC Mark Sheet, Passing Certificate			
2	HSC Mark Sheet, Passing Certificate			
3	F.Y. D. Pharmacy Marksheet			
4	Date of Birth Certificate			
5	Nationality Certificate			
6	Caste Certificate (Reserved Category)			
7	Cast Validity Certificate			
8	Non-Creamy Layer Certificate			
9	Gap Certificate (if applicable)			
10	Migration Certificate			
11	Character Certificate			
12	Physical Fitness Certificate			
13	Certificate of Physically Handicap			
14	Transference Certificate/ Leaving Certificate			
15	Other (if any)			

(UNDERTAKING (SUBMISSION OF ORIGINAL DOCUMENTS))

To,
The Principal
SPES Institute of Pharmacy,
Nashik.

Subject: Submission of Original Documents

Respected Sir / Madam,

With reference to above cited subject I the undersigned _____
have taken admission to the D. Pharmacy full time course in the SPES Institute of Pharmacy, Nashik
on _____ & I have not submitted the following original documents

1 3

2 4

5 6

I will submit the remaining original documents with three photocopies within seven days from the date of admission & if fail to submit it the institute can cancel the admission or take necessary disciplinary action against me.

Date: **Signature of the Student with Name** _____

Place: **Signature of Parent/Guardian with Name** _____

DECLARATION-I (BY Student)

1. I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information here is found to be incorrect or incomplete, my application form will be rejected or admission will be cancelled.
2. If admitted to First / Second Year D. Pharmacy in SPES Institute of Pharmacy, I shall abide by its rules and Regulations of College and A Panchavati Education Society / M.S.B.T.E., Mumbai/ DTE Mumbai / PCI, New Delhi.
3. I have read & understood all the provisions contained in the prospectus & hereby agree to abide by these provisions

Date:**Place: Nashik****Signature of Student****DECLARATION –II (BY PARENT/GUARDIAN)**

I, the Parent/Guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my ward to PES Institute of Pharmacy. I agree to pay the tuition & other fees payable to the institution as fixed from time to time as per the rule of Society/Shikshan shulka Samiti Mumbai. I also affirm & endorse the declaration made above by my ward.

Date:**Place****Signature of Parent/Guardian
Name:****DECLARATION- III (BY PARENT/GUARDIAN)**

I, the undersigned, Mr. / Mrs. _____

Parent of Master/Miss _____

Studying in Class _____ agree to the aforesaid and will not hold the Management or any member of the Staff responsible for any unforeseen incident. I also assure that I would not make any claims, if any such situation arises.

Name of student : _____

Date of birth : _____

Blood group : _____

Contact number (In case of Emergency) _____

Date**Signature of the Parent****DECLARATION-IV (BY STUDENT)**

I am Physically Fit / Not Fit.

If Not fit Kindly Specify: _____

Date:**Signature of Student****Signature of the Parent**

INDEMNITY BOND

As a part of the College Curriculum, students will be engaged in activities within the campus or taken out of the campus for one or more Days Study Tour or Excursions. Students will be accompanied by our trained and experienced staff, who will cater to the needs of students. However, the Management or any member of the Staff will not be responsible for any unforeseen incident that takes place during these activities and no claims in such cases will be entertained by the Institute/Management.

I hereby fully indemnify the management for any such situations described above.

Date:

Place:

Signature of Parent/Guardian

INSTRUCTION TO THE CANDIDATE

1. Applicant is requested to read carefully the rules pertaining to the course he/she desires to join & read the instruction before filling the form.
2. Application form to be completed by the applicant in his/her own handwriting.
3. Student must ascertain before hand that they are eligible for admission to the course for which they are applying.
4. Admission will be cancelled if the candidate is found not eligible under the provision of ordinances and rules/regulations governing the course.
5. Attach all necessary Documents & Certificates as per the Document list provided along with 1 (One) attested photocopy.
6. Student who is eligible for admission to D. Pharmacy course must have completed selection Procedure as prescribed by the competent authority from time to time.
7. Processing fee should be paid in the office of Institute.
8. Attested true copies of certificates should be attached with the application form.
9. The backward class candidates should attach Caste Certificate, Caste Validity & Non Creamy layer certificate.
10. Application form incomplete with respect to any of the above four items will not be considered for admission.
11. Original Transfer Certificate and Migration Certificate with all other original mark sheets and certificate should be submitted at the time of admission.
12. Admission will be complete only after payment of fees.
13. Fees once paid are not refunded under any circumstances.
14. Admission cannot be cancelled after cut-off date by the admission authorities.
15. In case of cancellation of admission before Cut-off date, part of tuition fees could be refunded as per rule. All other fees are forfeited.

FOR OFFICE USE ONLY

Name _____

Remark: He / She has provided all the necessary certificates

Yes No

I) Scrutiny fees Rs. Receipts No. Dated

II) Admission fees Rs. Receipts No. Dated

DD/Cheque No:

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III) Provisionally admitted to: D. Pharm (1st Year)

IV) Remark:

Checked by the Clerk-in-charge

Accountant

Registrar/Office Superintendent

Principal

Approved by PCI New Delhi, DTE Mumbai, Government of Maharashtra, Affiliated to MSBTE, Mumbai.