



AISSMS

COLLEGE OF PHARMACY

IMPARTING EXCELLENCE IN EDUCATION & RESEARCH

Approved by AICTE & PCI New Delhi, Recognized by the Government of Maharashtra,
2F,12B recognition by UGC, Affiliated to Savitribai Phule Pune University
Accredited by NAAC with A Grade



Provisional (Carry Forward) Admission Form

★ Student Details

- Full Name: _____
- PRN No.: _____ FY Result SGPA- _____ SY Result SGPA - _____
- Provisional Admission carry forward to: _____
- Contact Number: _____ Email id: _____
- Permanent Address: _____

📄 Academic Information: Bachelor of Pharmacy

Sr. No.	Subject Name	Subject Code	Year (FY/SY)	Grade Obtained
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

📄 Documents Submitted

☐ Photocopies of Latest Results

☐ Provisional Admission Fee Receipt

✍ Declaration by Student

I, _____, hereby declare that the information provided above is true to the best of my knowledge. I understand that this admission is provisional and subject to cancellation if I have not pass the subjects of the _____ years in the examination to be held in November/December 2025. I also have full knowledge, that, as per SPPU circular no.209/2025 dated 14/08/2025 tuition as well as other educational fees related to the course will not be refunded to me.

Signature of Student: _____ Date: _____

✓ Office Use Only

- Remarks: _____
- Prov. admission approved by: _____ Designation: _____
- Signature of approver: _____ Date of Approval: _____