

Application Form

Date of Selling :

Office Seal : B. Pharm / M. Pharm

Authorized Signature :



All India Shri Shivaji Memorial Society's
College Of Pharmacy
Kennedy Road, Near R.T.O., Pune - 411 001



Affiliated to Savitribai Phule Pune University & Recognized by PCI, AICTE, UGC and Govt. of Maharashtra

Serial No.

Application Form for (tick at appropriate box) :

B. Pharm.

☐

M. Pharm.

(Specify branch of Specialization)

Paste here
Passport size
Photograph
of the candidate

FOR OFFICE USE ONLY

Inward No.

Date of admission

B. Pharm.

PCB / PCM Total Marks & Percentage	
Aggregate % at HSC / D. Pharm	
MH-CET/AIEEE Score	
Category	
General Merit No.	
State of Domicile & Board	
Fee Receipt No.	
Fee Paid (Rs.)	

M. Pharm.

GPAT Score & Year	
% and Class at B. Pharm	
CET Score	
Category	
General Merit No.	
University at B. Pharm.	
Fee Receipt No.	
Fee Paid (Rs.)	

Information of the Candidate

To be Filled in and Signed by the Candidate.

1) a. Full Name of the Candidate _____
(Beginning with Surname in CAPITAL Letters)

2) b. Address for Correspondence / Permanent _____

Pin

Tel. : (Student & Parent)

Mobile : (Student & Parent)

c. State of Domicile_____ (attach attested Xerox copy)

d. Nationality_____ (attach attested Xerox copy)

e. Sex : Male ☐ Female ☐ Trans Gender ☐

f. Date of Birth_____

g. Father's Name _____

h. Father's Occupation _____

i. Address_____

2) Details of Local Guardian / Accommodation in Pune

a. Full Name_____

b. Occupation_____

c. Permanent Address _____

Pin

Tel. :

Mobile :

E-mail :

3) I have passed the Higher Secondary Certificate Examination (Std. XII) conducted by_____ Board or Its equivalent Higher Secondary (Std. XII) Examination of Council or Board outside Maharashtra State with not less than 50% marks (for Backward class 45%) in the subject of Physics, Chemistry, Biology (or Mathematics) taken together at one and the same sitting.

OR

I have passed the D. Pharm. / B. Pharm. Degree Examination conducted by_____ Board / University with not less than 60% marks (for Backward class 55%) at one the same sitting.

4)

i) Do you belong to any of the Backward Classes?

Yes ☐

No ☐

if yes, state whether St / SC / DTNT / OBC etc.

Religion :

Class :

(attach attested Xerox copy)

ii) Do you belong to the Physically handicapped Category

Yes ☐

No ☐

(attach attested Xerox copy)

iii) Do you belong to any other Reservation Category like

Yes ☐

No ☐

Defense, J & K Quota etc.

if yes, Specify the Category _____

(attach attested Xerox copy)

5) Details of Qualifying Examination :

a. For First Year B. Pharm. Admissions

	MH-CET/ AIEEE	H.S.C. or equivalent Aggregate	Marks obtained at H.S.C. or equivalent				Marks for PCB/PCM Group (whichever is higher)
			Math.	Bio.	Phy.	Chem.	
Marks obtained							Out of 300
Out of							Percentage
Scrutinized By			Checked By			Rechecked By	

B. For Direct Admission to Second Year B. Pharm.

	D. Pharm. Second Year
Marks Obtained	
Percentage	
Year of Passing	
Board & State Merit List No.	
Scrutinized By	Checked By
Rechecked By	

C. For First Year M. Pharm. Admisson

	GPAT Scorc	B.Pharm. Marks	
All India Rank		Marks Obtained	
Percentile		Percentage	
Year of Qualifying		Year of Passing	
Valid upto		University	
CET Score & Stat Merit No.		Sponsored / Non- sponsored	
Scrutinized By		Checked By	Rechecked By

6) Details of Institutions where Qualifying examination is passed (Fill up whichever applicable)

Examination	Month and Year of passing	Name and Address of Institution	Marks obtained	Out of
1) H.S.C. or Equivalent 2) D. Pharm / B. Pharm (I/II/III/IV) / M. Pharm (I/II)				

I undertake to stat that the information furnished in this form is true and correct. And I understand that my admission will be automatically cancelled if any of the given information is found false and misleading. I will be absolutely regular in the attendance for the theory and practical classes. In case my attendance is less than 75% at the theory lectures, and the practicals separately, I understand that may term will not be granted. I am also aware that the admission offered to me is **PROVISIONAL** subject to the confirmation only after the approval of Directorate of Technical Education, Mumbai, Pravesh Niyantaran Samiti, Mumbai and University of Pune.

Date : _____

Place : _____

Name & signature of the Candidate
(E-mail : _____)

Name & signature of the Parent
(E-mail : _____)

In case of genuine reason the student or his/her guardian must inform in writing to the authorities of the college about the reason of remaining absent. This does not anyway guarantee about grant of term to the student.

CHECKLIST FOR ENCLOSURES

Ensure the enclosure of following Original Certificates / Documents (whichever applicable) along with three sets of their Attested Xerox copies by putting tick mark in the appropriate box.

Sr. No.	Documents	Enclosed
1	Allotment Letter (for Centralized Admissions)	
2	S.S.C. Mark Sheet	
3	S.S.C. Certificate	
4	H.S.C. Mark Sheet	
5	D. Pharm. Mark Sheet of First Year	
6	D. Pharm. Mark Sheet of Second Year	
7	B. Pharm. Mark Sheets (1st to Final Year)	
8	University Passing Certificate	
9	MH-CET Score Card	
10	Leaving Certificate	
11	Domicile Certificate	
12	Nationality Certificate	
13	GPAT Score card	
14	CET Score card for M. Pharm. Admission	
15	Medical Fitness Certificate	
16	Migration Certificate (if required)	
17	Gap Certificate (if required)	
18	Caste Certificate (if required)	
19	Caste Validity Certificate (if required)	
20	Non-Creamy Layer Certificate (if required)	
21	Handicapped Certificate (if required)	
22	J & K Quota Certificate (if required)	
23	Defense Certificate (if required)	

Signature of the Candidate

Checked by Office