



Pravara Rural Education Society's
College of Pharmacy, Chincholi,

Tal. Sinnar, Dist. Nashik – 422103.

Ph. No. 02251-271178 Fax No -02551-271178

Web Site:- www.pravarapharmacy.in Email ID: pravaracopc@yahoo.co.in



Approved by All India Council for Technical Education, New Delhi and Pharmacy Council of India, New Delhi
Affiliated to Savitribai Phule Pune University, Pune, Recognized by Government of Maharashtra, Mumbai.

(P.G. Course)

To,
The Principal,
PRES's College of Pharmacy (For Women),
Chincholi, Tal. Sinnar Dist. Nashik

Passport
Size
Photograph

Admission Information form for First Year P.G. Course in Pharmacy

1. Full Name of the Candidate :-

(In block capital beginning with surname) _____
2. Caste / Category :-

3. Name and complete address of college from :-

which the student passed H.S.C examination _____
or its equivalent. _____
4. Name and complete address of college from :-

which the student passed B. Pharmacy _____
examination or its equivalent. _____
5. Name of father/Guardian :-

Relationship of the guardian with student _____
6. Full address for correspondence with :-

Mobile No. _____
7. Permanent address & Mobile number :-

of Father/Guardian _____
8. Date of Birth :-

9. Nationality :- Indian
10. Domicile :- Maharashtra / Out of Maharashtra state
11. Are you physically handicapped person :- Yes / No

12. **Marks Secured in Final Year B. Pharmacy**

| Subjects | | | | | | | | | | | | | | | | | Total Marks |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|
| | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Th. | Th. | Th. | |
| Max Marks | | | | | | | | | | | | | | | | | |
| Marks Obtained | | | | | | | | | | | | | | | | | |

13. CAP Ad Institute level Ad (Please Tick)

**Declaration to be signed by the candidate:-
I do hereby declare that**

- The information given by me in my application is true to be the best of my knowledge and belief. I have not been debarred from appearing at any examination by any Government Institute of Statutory examination authority in India.
- I fully understand that the offer of a course will be made to me depending on my inter-merit and availability of a seat at the time of scrutiny of my application when called for it.
- I hereby agree to confirm to any rules, act and law enforced by government and I hereby undertake that as long as I am student of this college I will do nothing either inside or outside of the college which may result in in-disciplinary action.
- I fully understand that the Principal of the college will have full liberty to expel me from the college for any infringement of the rules of conduct and the understanding given above.

Place: _____ Name: _____ Signature: _____
Date: ___/___/___

Declaration to be signed by the candidate's Father / Guardian:

- The particular furnished by my daughter/ward in her application form are correct to the best of my knowledge.
- I undertake and bind myself to pay on behalf of my daughter/ward such fees, charges etc. prescribed by the institute to which she is admitted from time to time by due date and in the event of failure on my part and/or on the part of my daughter/ward, the principal of the college may take such action against my daughter/ward as he may deem fit.

(Signature Father/Guardian)

List of documents (Photocopies) to be attached:

| Sr. No. | Name of Document | Yes/No |
|---------|---------------------------------------|--------|
| 1 | GPAT/GATE Mark sheet | |
| 2 | B. Pharmacy Mark sheet | |
| 3 | HSC Mark Sheet | |
| 4 | SSC Mark Sheet | |
| 5 | School/ College Leaving Certificate | |
| 6 | Pharmacist's Registration Certificate | |
| 7 | Caste Certificate | |

| | | |
|----|---|--|
| 8 | Caste Validity Certificate | |
| 9 | Non Creamy layer for backward class candidates (Except SC/ST) | |
| 10 | Income Certificate | |
| 1 | Nationality Certificate | |
| 12 | Domicile Certificate | |
| 13 | Aadhar Card | |
| 14 | Bank pass-book | |
| 15 | | |





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(Degree Course)

To,
The Principal,
PRES's College of Pharmacy (For Women),
Chincholi, Tal. Sinnar Dist. Nashik

Passport
Size
Photograph

Admission Information form for First Year Degree Course in Pharmacy

1. Full Name of the Candidate :-

(In block capital beginning with surname)
2. Caste / Category :-

3. Name and complete address of college from :-

which the student passed H.S.C examination
or its equivalent.
4. Name of father/Guardian :-

Relationship of the guardian with student
5. Full address for correspondence with :-

Mobile No.
6. Permanent address & Mobile number :-

of Father/Guardian
7. Date of Birth :-

8. Nationality :- Indian
9. Domicile :- Maharashtra / Out of Maharashtra state
10. Are you physically handicapped person :- Yes / No
11. **Marks secured in Higher Secondary Certificate (STD. XII):**

| Subject | Physics | Chemistry | Biology | Math | English | PCB Total/ 300 | PCM Total / 300 | PCM /PCM % | HSC Total |
|-------------------|---------|-----------|---------|------|---------|----------------------|-----------------------|------------------|--------------|
| Max Marks | 100 | 100 | 100 | 100 | 100 | 300 | 300 | 100 | 600 |
| Marks Obtained | | | | | | | | | |

12. **Marks secured in MHT-CET:**

| | | | | | |
|-------------------|---------|-----------|---------|------|-----------------------------------|
| Subject | Physics | Chemistry | Biology | Math | Total PCB/PCM Whichever Higher |
| Max Marks | 50 | 50 | 100 | 100 | |
| Marks Obtained | | | | | |

13. CAP Ad Institute level Adr (Please Tick)

Declaration to be signed by the candidate:-

I do hereby declare that

- The information given by me in my application is true to be the best of my knowledge and belief.
- I have not been debarred from appearing at any examination by any Government Institute of Statutory examination authority in India.
- I fully understand that the offer of a course will be made to me depending on my inter-merit and availability of a seat at the time of scrutiny of my application when called for it.
- I hereby agree to confirm to any rules, act and law enforced by government and I hereby undertake that as long as I am student of this college I will do nothing either inside or outside of the college which may result in in-disciplinary action.
- I fully understand that the Principal of the college will have full liberty to expel me from the college for any infringement of the rules of conduct and the understanding given above.

Place: _____ Name: _____ Signature: _____
Date: ___/___/___

Declaration to be signed by the candidate's Father / Guardian:

- The particular furnished by my daughter/Ward in her application form are correct to the best of my knowledge.
- I undertake and bind myself to pay on behalf of my daughter/Ward such fees, charges etc. prescribed by the institute to which she is admitted from time to time by due date and in the event of failure on my part and/ or on the part of my daughter/Ward, the principal of the college may take such action against my daughter/ward as he may deem fit.

Place: _____ (Signature Father/Guardian)

Date: ___/___/___

List of documents (Photocopies) to be attached:

| Sr. No. | Name of Document | Yes/No |
|---------|-------------------------------------|--------|
| 1 | MHT-CET Mark Sheet | |
| 2 | HSC Mark Sheet | |
| 3 | SSC Mark Sheet | |
| 4 | School/ College Leaving Certificate | |
| 5 | Caste Certificate | |

| | | |
|----|---|--|
| 6 | Caste Validity | |
| 7 | Non-Creamy layer for backward class candidates (Except SC/ST) | |
| 8 | Income Certificate | |
| 9 | Nationality Certificate | |
| 10 | Domicile Certificate | |
| 11 | Aadhar Card | |
| 12 | Bank Passbook | |
| 13 | | |





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(Degree Course)

To,
The Principal,
PRES's College of Pharmacy (For Women),
Chincholi, Tal. Sinnar Dist. Nashik

Passport
Size
Photograph

Admission Information form for Direct Second Year Degree Course in Pharmacy

1. Full Name of the Candidate :-

(In block capital beginning with surname)
2. Caste / Category :-

3. Name and complete address of college from :-

which the student passed H.S.C examination
or its equivalent.
4. Name and complete address of college from :-

which the student passed, D. Pharmacy
examination or its equivalent.
5. Name of father/Guardian :-

Relationship of the guardian with student
6. Full address for correspondence with :-

Mobile No.
7. Permanent address and Mobile Number :-

of Father/Guardian
8. Date of Birth :-

9. Nationality :- Indian
10. Domicile :- Maharashtra / Out of Maharashtra state
11. Are you physically handicapped person :- Yes / No
12. CAP Ad Institute level Adr (Please
Tick)
13. **Marks secured in First Year B. Pharmacy:**

| Subjects | | | | | | | | | | | | | | | Total Marks | |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------|--|
| | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Th. | | |
| Max Marks | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Marks Obtained | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

14. Marks Secured in Second Year Diploma in Pharmacy:

| Subjects | | | | | | | | | | | | | | | | | Total Marks |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|-------------|
| | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Pr. | Th. | Th. | | | |
| Max Marks | | | | | | | | | | | | | | | | | |
| Marks Obtained | | | | | | | | | | | | | | | | | |

Declaration to be signed by the candidate:-

I do hereby declare that

- The information given by me in my application is true to be the best of my knowledge and belief.
- I have not been debarred from appearing at any examination by any Government Institute of Statutory examination authority in India.
- I fully understand that the offer of a course will be made to me depending on my inter-merit and availability of a seat at the time of scrutiny of my application when called for it.
- I hereby agree to confirm to any rules, act and law enforced by government and I hereby undertake that as long as I am student of this college I will do nothing either inside or outside of the college which may result in in-disciplinary action.
- I fully understand that the Principal of the college will have full liberty to expel me from the college for any infringement of the rules of conduct and the understanding given above.

Place: _____ **Name:** _____ **Signature:** _____
Date: ___/___/_____

Declaration to be signed by the candidate's Father / Guardian:

- The particular furnished by my daughter/Ward in her application form are correct to the best of my knowledge.
- I undertake and bind myself to pay on behalf of my daughter/Ward such fees, charges etc. prescribed by the institute to which she is admitted from time to time by due date and in the event of failure on my part and/ or on the part of my daughter/Ward, the principal of the college may take such action against my daughter/ward as he may deem fit.

Place: _____ **(Signature Father/Guardian)**
Date: ___/___/_____

List of documents (Photocopies) to be attached:

| Sr. No. | Name of Document | Yes/No | Sr. No. | Name of Document | Yes/No |
|---------|--|--------|---------|---|--------|
| 1 | First Year B. Pharmacy Mark Sheet | | 8 | Non-Creamy layer for backward class candidates (Except SC/ST) | |
| 2 | First and Second Year D. Pharmacy Mark Sheet | | 9 | Income Certificate | |
| 3 | HSC Mark Sheet | | 10 | Nationality Certificate | |
| 4 | SSC Mark Sheet | | 11 | Domicile Certificate | |
| 5 | School/ College Leaving | | 12 | Aadhar Card | |

| | | | | | |
|---|-------------------|--|--|----|---------------|
| | Certificate | | | | |
| 6 | Caste Certificate | | | 13 | Bank passbook |
| 7 | Caste Validity | | | 14 | |



SAVE WATER, SAVE EARTH