



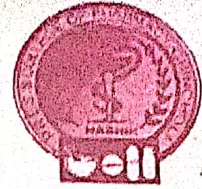
# College of Pharmacy, Chincholi - 422101

Tal. Sinnar, Dist. Nashik

☎ : (02551) : 271178, Fax : (02551) 271178

Website - www.pravaracope.org.

E-mail - pravaracope@yahoo.com



AICETE No. 06/07/MS/PHARM/2005/060 dated 06/09/2006

Affiliated to S.N.D.T. Women's University, Mumbai Affi - Gen/Pravara/Pharmacy 2006-07/1442 dt. 13/11/2006

## 100 TRANSFERENCE CERTIFICATE

This is to certify that \_\_\_\_\_ has been a student of the college.

### a) Since Passing the

- 1) For First Year B. Pharmacy : From June 20 to April 20
- 2) For Second Year B. Pharmacy : From June 20 to April 20
- 3) For Third Year B. Pharmacy : From June 20 to April 20
- 4) For Final Year B. Pharmacy : From June 20 to April 20

a) She appeared for the S.N.D.T. Women's University examination in this college and the result of the last attended examination is as below.

Examination	Year	Result	Classes

b) She would have been in the -- class if she has continued in the college.

c) She has no books belonging to the college in her possession.

d) She has no dues to be paid to this college.

e) Her conduct and character are good to the best of my knowledge.

f) Her birth date as entered in the College Register is \_\_\_\_\_  
(in words \_\_\_\_\_)

g) She has / has not satisfactorily carried out the practical works in Pharmacy subjects.

h) She has / has not undergone One Month Training in Pharmaceutical Industry.

i) She has / has not participated in extra-curricular activities in this college.



Pravara Rural Education Society's

# COLLEGE OF PHARMACY, CHINCHOLI 533

Tal. Sinnar, Dist. Nasik - 422101

☎ : (02551) 271278, Fax : (02551) 271277

Approved by AICTE, New Delhi, vide No. File 06/07/Ms/PHARMA/2005-06 dt.6-9-2006

Affiliated to S.N.D.T. Women's University, Mumbai

Ref. No. COP

Date - / /

## BONAFIDE CERTIFICATE

This is to certify that Miss \_\_\_\_\_

\_\_\_\_\_ is / was a bonafide students of this college, She is was studying in \_\_\_\_\_ - year Bachelor of Pharmacy during the academic year 200 \_\_\_\_\_ -20

To the best of my knowledge and belief she bears a good moral character.

This Certificate is issued on her own request for the purpose of \_\_\_\_\_



Principal

College of Pharmacy Chincholi

**PRINCIPAL**

PRES College of Pharmacy  
Chincholi, Sinnar, Nashik-422102.

Pravara Rural Education Society's  
**COLLEGE OF PHARMACY, CHINCHOLI,**

Tal. Sinnar, Dist. Nashik

Approved by A.I.C.T.E., New Delhi and Affiliated to S.P.PUNE University, PUNE  
Web site : <http://pravaracopc.org.in> Email ID : pravaracopc@yahoo.com



Ph.No. (02551)271178, Fax No. : (02551)271178

Ref. : COPC/Stud./

Date :

To,

\_\_\_\_\_

\_\_\_\_\_

Chincholi, Tal-Sinnar.

Subject :- Estimate of college fee and other expenses .

Reference :- Your application dated.

The details of college fee and other expenses likely to be incurred for the year  
First year to Final year of pharmacy degree course under Free seat/ Payment seat  
/General category are as follows:-

Sr.No	Particular	Amount
1	Tuition Fee	
2	Development Fee	
3	University Fee /Other Fee	
4	University Exam Fee	
5	Book & stationary	
6	Hostel Rent	
7	Mess Charges	
8	Daily transport from Nashik city to college &back.	
	<b>Total Fee</b>	

First Year To Final Year Pharmacy total expenses would be Rs \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

• ( In word :- Rs. \_\_\_\_\_ .)

Note:-This student should note that the above fees are subject to change & revision by  
Shikshan Shulk Samiti of Govt. of Maharashtra and in the event of revision of fees ,he/she shall  
pay such revised fees effective from the date fixed by the committee.

(Dr.C.J.Bhangale.)

Principal.