

Pravara Rural Education Society's

COLLEGE OF PHARMACY (FOR WOMEN),



A/P. Chincholi, Tal. Sinnar, Dist. Nashik

(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.	Cast / 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	i
5.	Full address for correspondence with	:
	STD code, Tel. No. & Mobile No.	:
6.	Permanent address 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 Certific	eate (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
Max Marks	50	50	100	100	Whichever Higher
Marks Obtained					

13.	CAP Admission	Institute level Admission	(Please Tick
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Declaration to be signed by the candidate:-

I do hereby declare that

- 1. The information given by me in my application is true to be the best of my knowledge and belief.
- 2. I have not been debarred from appearing at any examination by any Government Institute of Statutory examination authority in India.
- 3. I fully understand that the offer of a course will be made to me depending on my inter-se-merit and availability of a seat at the time of scrutiny of my application when called for it.
- 4. 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 indisciplinary action.
- 5. 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:/ Dare://		Signature:
Declaration to be sign	ned by the candidate's Father	· / Guardian:
 The particular my knowledge 	• • •	ard in her application form are correct to the best of
prescribed by of failure on 1	the institute to which she is adr	chalf of my daughter/Ward such fees, charges etc. mitted from time to time by due date and in the event my daughter/Ward, the principal of the college may she may deem fit.
Place:		(Signature Father/Guardian)
Dare://		

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		