



Pravara Rural Education Society's  
**COLLEGE OF PHARMACY (FOR WOMEN),**

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



(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. Cast / 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. Pharm examination or its equivalent. :- \_\_\_\_\_  
 :- \_\_\_\_\_  
 :- \_\_\_\_\_
5. Name of father/Guardian :- \_\_\_\_\_  
 Relationship of the guardian with student :- \_\_\_\_\_
6. Full address for correspondence with STD code, Tel. No. & Mobile No. :- \_\_\_\_\_  
 :- \_\_\_\_\_
7. Permanent address 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 Admission   
 (Please Tick)

Institute level Admission

**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. I have not been debarred from appearing at any examination by any Government Institute of Statutory examination authority in India.
2. 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.
3. 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.
4. 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:**

1. The particular furnished by my daughter/ward in her application form are correct to the best of my knowledge.
2. 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		