Form No.

BEGBS's

SARASWATI INSTITUTE OF PHARMACY, KURTADI.

Near Waranga Phata, Nanded-Hadgaon Road,Tq. Kalamnuri Dist. Hingoli - 431701

(Approved by AICTE, PCI New-Delhi., Govt. of Maharashtra, DTE Mumbai, Affiliated to SRTM University Nanded & MSBTE Mumbai)

Application ID : | | | | | | | | | | | | |

APPLICATION FORM FOR ADMISSION TO FIRST/DIRECT SECOND YEAR D/B PHARMACY COURSE

Academic Year :

Type of Admission : CAP/ACAP/Institute Level

Photo

Name of Student:

Mr./Ms.....

(In Block Letters, starting with surname)

Gender: ☐M / ☐F **Date of Birth:**...../...../..... **Age:**.....

Caste:.....**Blood Group:**.....**Mobile No**.....

Previous School/College attended:.....

Name of Father/ Guardian:.....

Mobile No of Father:.....**Occupation:**.....

Permanent Address:.....

..... **Pin code:**.....

Details of Previous Education :

Sr. No.	Educational Qualification	Year of Passing	% or Grade	Board / University
01	S.S.C.			
02	H.S.C.			
03	D.Pharm			
04	Any other			PCB group Marks.....PCM Marks.....
MHT CET Score :				NEET Score:

List of Documents Submitted :

Sr. No.	Documents	Y/N/NA	Sr. No.	Documents	Y/N/NA
01	FC Confirmation Receipt		12	Caste Certificate	
02	ARC cum Admission Confirmation Letter		13	Caste Validity	
03	MHT CET Score card		14	Non - Creamy Layer	
04	NEET Score card		15	Income Certificate	
05	S.C.C. Mark sheet		16	EWS Certificate	
06	S.C.C. Board Certificate		17	TFWS Certificate	
07	H.S.C. Mark Sheet		18	Orphan Certificate	
08	H.S.C. Board Certificate		19	Gap Certificate	
09	D.Pharm Mark Sheet		20	Aadhaar Card Xerox	
10	LC/TC		21	Bank Passbook Xerox	
11	Age, Domicile, Nationality		22	Identity Size Photo 4	

Remarks if any :- **Aadhar No.:** | | | | | | | | | | | | |

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Date & Day :..... **Email Id:**.....

Signature of Student :..... **Signature of Parent :**.....

Office Clerk **Seal** **Principal**