RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL'S		
COLLEGE OF PHARMACY Gat No.101,102, Dudulgaon, Moshi-Alandi Road, Pune – 412105 Maharashtra, India. web - www.rjspmpharmacy.com Tel : 7447763086	РНО	то
CAP I / II / III / IV / Against CAP / IL Application ID:		
For Admission to First / Direct second Year Pharmacy (Year 20_ (In BLOCK letters as it appears on the mark sheet of qualifying examination)	- 20_)	
1. Name of Candidate:		
नाव (मराठी) :		
2. Gender : Male Female Mothers Name :		
3. Date of Birth (dd/mm/yyyy): Blood Group:		
4. Place of birth : Tal : Dist : St	tate:	
5. Name & Permanent Address of Parent/Guardian :		
Mobile No of Parent :		
Occupation of Parent/Guardian : Annual Income :		
 Address for Correspondence if different than Permanent Address :		
Pin :		
Telephone No.(with STD Code) : Mobile No of Student :		
E-mail : PAN Card :		
7. Category : Open Reserved Name of Caste :		
Reserved Category Status : (Please tick in applicable box like)		
SC ST VJ/DT NT(A) NT(B)	NT((C)
NT(D) OBC SBC EWS	TF	WS
Special Category :		
Defense : Minority Orphan PWD Type of PWD :		
9. H.S.C or equivalent examination.		
Name of the College : Year of Passing :		
Name of Board :		
% Mar	·ks in	HSC Total
Subject Maths Physics Chemistry Biology English PCM Total PCB Total Group	PCB Group	Marks
Marks Obtained		
Maximum Marks		

10. S.S.C or equivalent Examination

Name of the School : ____

Name of the Board : _____

Total Marks Obtained	Out of%	of Marks

Year of Passing : _____

- 11. Diploma Course in Pharmacy for Direct Second Year
 - Name of the College :_____
 - Name of the Board : _____ Year of Passing : _____

13. NEET Examination Year of Passing :

Class	Marks Obtained	Out of	% Marks
F.Y.D Pharm			
S.Y.D Pharm			

12. MHT CET Examination Year of Passing

Seat/Roll PCB PCM Seat/Roll р С В М Р С В Percent Total Percentile Percentile No NO

14. Declaration by the Candidate :

_____Undertake that, I have read all the rules of admission and college I. I,____ and after understanding the rules thoroughly, I have filled in the application form for admission to the First / Direct Second Year of B. Pharm Academic Year 20______ to 20_____

- II. I hereby agree to conform to any Rules, Act and Law enforced by Govt. and I hereby undertake that, I will do nothing either inside or outside the college which may result in disciplinary action against me under these Rules, Acts and Law.
- III. Condition of minimum attendance: I am fully aware that I will not be allowed to appear for examination, if I do not attend minimum 80% classes of theory, practical etc. I am also aware that I will not be allowed to appear for examination, if I fail to submit satisfactorily all the assignments, tasks, journals, reports as specified by the university within stipulated time limit.
- IV. I agree the rules of the Tuition fees may change as per yearly assessment by the Fees Regulating Authority of Maharashtra Govt and shall be abide by the same. The above Information given by me in application is true to the best of my knowledge and belief.

Date : Place :

Signature of the Candidate

15. Declaration to be signed by the Candidates Parent / Guardian / Ward.

- _____ declare that I, ____ I. The particulars furnished by my son/daughter, Mr / Miss_____ in his/ her application form are correct to the best of my knowledge and belief.
- II. I undertake and bind myself to pay tuition fees, other fees ect. on behalf of my son/ daughter specified by the Institute at the time of admission or otherwise specified.
- III. I hereby undertake that I will pay the increased amount of fees(if any) as and when recommended by Fees Regulating Authority (Govt. of Maharashtra) in the event of course period.

IV. I substantiate and accept the aforesaid declaration made by my ward.

Date :

Place :

Name & Signature of the Parent/Guardian

Admitted / Not Admitted

Checked & Verified Office

Class Teacher

Principal