



RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL'S
INSTITUTE OF PHARMACY

Gat No.101,102, Dudulgaon, Moshi-Alandi Road, Pune - 412105
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Photo

APPLICATION FORM

For Admission to First Year D. Pharmacy (Year 2019- 2020)
(In BLOCK letters as it appears on the mark sheet of qualifying examination)

1. Name of Candidate : _____

naava ³dovanaagarl' : _____

2. Gender: Male Female Mothers Name : _____

3. Date of Birth (dd/mm/yyyy) : _____ Blood Group : _____

4. Place of Birth : _____ Tal _____ Dist _____ Stat _____

5. Name of Parent (Father/Mother) : _____

6. Name of Parent/Guardian : _____

7. Permanent Address of Parents/Guardian : _____

Occupation of Parents/Guardian: _____ Annual Income : _____

8. Address for Correspondence if different than Permanent Address : _____

Pin : _____

Mobile No. 1 _____ Mobile No. 2 _____

E-mail _____ Aadhar No _____

9. Category : **Open** Caste _____

If **Reserved** Caste _____ Please tick in applicable box like \checkmark

SC ST NT(A) NT(B) NT(C) NT(D) DT/VJ OBC SBC SEBC EWS

Special Category

Defense Minority Orphan PWD Type of PWD

10. Nationality : _____ State of Domicile : _____

11. H.S.C or equivalent examination.

Name of the College : _____ Year of Passing : _____

Subject	Physics	Chemistry	Biology	Maths	English	PCM Total	PCB Total	% Marks in		Grand Total
								PCM	PCB	
Marks Obtained										
Maximum Marks										

12. S.S.C or equivalent Examination

Name of the School : _____ Year of Passing _____

Total Marks Obtained	Out of	% of Marks

13. Declaration by the Candidate :

- I, _____ Undertake that, I Have read all the rules of admission and institute and after understanding the rules thoroughly. I have filled in the application form for admission to First Year of D. Pharmacy Course.
- II. I hereby agree to conform to any rules, Act and law enforced by MSBTE, DTE, AICTE, PCI & RJSPM. 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 fully aware that I will not be allowed to appear for examination, if I do not attend minimum 75% classes of theory, practical etc. I am also aware that I will not be allowed to appear for examination, if I fails to submit satisfactorily all the assignments, jobs, journals, reports as specified by the College within time limit.
- IV. I agree the rules of the Tuition fees may change as per yearly assessment by the Fees Regulating Authority, Maharashtra Govt.

The Information given by me in application is true to the best of my knowledge and belief .

Date :

Place :

Signature of the Candidate

14. Declaration to be signed by the Candidates Parent / Guardian

I, _____ declare that

- a. The particulars furnished by my son/ daughter, Mr./Miss _____ in his/ her application form are correct to the best of my knowledge and belief.
- b. I undertake and bind myself to pay tuition fees, other fees etc. On behalf of my son/ daughter specified by the Institute at the time of admission or otherwise specified.
- c. 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) during the course period
- d. I substantiate and accept the aforesaid declaration made by my ward

Date :

Place :

Name & Signature of the Parent/ Guardian

Admitted / Not Admitted

Checked & Verified

Principal