Matoshri Education Society's

Satyajeet College of Pharmachy Akola Road,

Khandala (Mehkar) Tq. Mehkar Dist. Buldana

Approved By Govt. Of Maharashtra, PCI New Delhi, DTE, Mumbai, Affiliated to Dr. BATU Lonere, Raigad, MSBTE, Mumbai.

APPLICATION FOR ADMISSION

TO THE DEGREE / DIPLOMA COURSE IN PHARMACY

B. PHARM I/II /III/IV & D. PHARM I/II

ACDAMIC YEAR 2021-22

	 Please fill the application in fu Please strike unnecessary word Please submit the application t 	I.			
To,		·			
	ncipal et College of Pharmacy, load, Khandala (Mehkar) Tq. Meh	kar Dist. Buldana			
		kindly consider my Candidature for admission to RMACY at the institute under your authority I ametails.			
1	Name of Student (in capital) _	Name of Student (in capital)			
2	Parent's Full Name				
3	Permanat address.	· · · · · · · · · · · · · · · · · · ·			
	(with Pin Code & Tel. No.)	· · · · · · · · · · · · · · · · · · ·			
4	Student Adhar No.				
5	Whether Male or Female	F/M			
6	Date of Birth				
7	Whether Maharastrian	Yes/No			
8	Mother Tounge				
9	Whether Indian National	Yes/No			
10	If not the Name of the state of	r union			
	Territory of domicile				

Parent Annual Income				
The Name Of H.S.C. or equivalent exm.		***************************************		
Name & Board				
Month & Year of Passing exam.				
Marks obtained in the H.S.C. Exam.				
	The Name Of H.S.C. or equivalent exm. Name & Board Month & Year of Passing exam.	The Name Of H.S.C. or equivalent exm. Name & Board Month & Year of Passing exam.	The Name Of H.S.C. or equivalent exm. Name & Board Month & Year of Passing exam.	The Name Of H.S.C. or equivalent exm. Name & Board Month & Year of Passing exam.

Sr.	Subject	Marks	Out of	Agree	P.C. B.	P.C.M.
No.		Obtained		Gate	Group	Group
01					-	
02						
03		4				
04						
05						
06						
07	,				T.	
	Total Percentage					

Sign of Principal,	Sign of Student (with Mobail No.)