

Please read information Brochure carefully before filling this Application form

DIRECTORATE OF TECHNICAL EDUCATION, MAHARSHTRA STATE, MUMBAI

Application form for the Admission to Pharm. D. course for Academic year 2015-16

A. PERSONAL DETAILS: Title (*Strict out whichever is not applicable*) Mr./Ms./ Mrs.

Name of Candidate
(As per HSC Mark list)

*(Paste Recent
attested
Photograph)*

Gender: M/F Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Age on 31 Dec. 2015

Y	M
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Address:

Mobile:

Email ID:

Category (Tick ✓)

SC/ST/VJ/NT _A /NT _B /NT _C /NT _D /OBC
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Physical Disability

P1	P2	P3
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Defense

D1	D2	D3
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See Rule 2.3

See Rule 2.2

B. ACADEMIC INFORMATION:

Type of Maharashtra State Candidature: (*Refer rule no. 3.1*) :

A	B	C	D
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HSC / D. Pharm. Passed from District:

	Aggregate (Marks obtained)	Aggregate (Marks out off)	Mathematics (Marks Obtained)	Mathematics (Marks Out off)
SSC				

	Aggregate (obtain)	Aggregate (out off)	Physics (Obtain)	Physics (Out off)	Chemistry (Obtain)	Chemistry (Out off)	Biology (Obtain)	Biology (Out off)	Math (Obtain)	Math (Out off)
HSC										
MT-CET 2015										

	First D. Pharm. (Marks obtained)	First D. Pharm. (Marks out off)	Second D. Pharm. (Marks Obtained)	Second D. Pharm. (Marks Out off)
D. Pharm.				

C. DOCUMENTS: (*Please tick ✓*) Attested copies to be submitted along with application form.

Original documents for verification are necessary at Application centre

(List of Certificate Compulsory)

1. SSC Mark list / certificate
2. HSC Mark list / Certificate
3. MT-CET 2015 Mark list
4. College leaving Certificate
5. Nationality Certificate
6. Domicile certificate
7. Proforma I
8. Other
9. Other
10. Other

(List of Certificates If applicable)

- | | |
|---------------------------------------|--|
| 11. D. Pharm. Mark list (First year) | |
| 12. D. Pharm. Mark list (Second year) | |
| 13. Caste Certificate | |
| 14. Caste Validity Certificate | |
| 15. Proforma H (If applicable) | |
| 16. Non-creamy layer Certificate | |
| 17. Disability Certificate | |
| 18. Defense Certificate | |
| 19. Bonafied Certificate | |
| 20. Other | |

D. DECLARATION: I have read all the rules of admission and on understanding these rules, I have filled this application form for consideration of submission of application form for the admission to Pharm D. at Govt. College of Pharmacy, Amravati and Aurangabad for the academic year 2015-16. Wrong information and / submitted false certificate (s), documents, I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subjected to legal and / or penal action as per the provision of law.

Place:

Date:

Signature of students

E. PAYMENT DETAILS: Amount: 300.00 / 500.00 (Cash/Demand Draft)

DD No.: _____ Dated: _____ Name of Bank: _____