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| **C:\Users\vinod\Desktop\College Logo jpg.jpg** |  Teerthankar Education Society’s Form No. **Dr. Shivajirao Kadam College of Pharmacy,**  **Kasabe Digraj, Sangli**Please paste a passport size (35mm x45mm) photograph here, **Dr. S. K. Nagar, Kasabe Digraj, Tal- Miraj, Dist.- Sangli. 416305** **E-mail-** **skcopharmdeg@gmail.com** **, Ph. No. 9404398406** **Admission Form 2023-24** (All the information required is to be filled in capital letters only)  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign. |  |

**ADMISSION DETAILS**

Date of Admission: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Admission: - CAP / ACAP / IL

Application ID:- PHD23 HSC Marks (PCM/PCB) % :-

Admission to the course: - **First Year D. Pharmacy**

**PERSONAL INFORMATION SECTION**

Name of Student:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Surname) (Name) (Middle Name)

Gender: - Male / Female Date of Birth: - \_\_\_\_\_\_\_\_\_ Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Religion: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub Caste: - \_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Group: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Tongue:- \_\_\_\_\_\_\_\_\_\_\_\_ Marital Status:- \_\_\_\_\_\_\_\_\_\_

Aadhar (UIDAI) Card No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mobile No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whatsapp No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Physically Handicapped:- Yes/ No

**GUARDIAN INFORMATION SECTION**

Name of Guardian: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age in Yrs.:-\_\_\_\_\_\_\_\_

Relationship of guardian with applicant:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation of Guardian:- \_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taluka\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Pin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Whatsapp No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correspondence Address:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tal:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHED DOCUMENTS & CERTIFICATES**

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| **Sr.****No.** | **Name of Document/ Certificate** | **Attached Original copy** **√ or NA** |
| 1 |  CAP Application form  |  |
| 2 | Acknowledgement of document verification by FC |  |
| 3 |  Seat Acceptance Letter  |  |
| 4 | MHT-CET / NEET Scorecard |  |
| 5 |  Statement of marks of Std. 10th |  |
| 6 | Statement of marks of Std. 12th |  |
| 7 | Leaving Certificate |  |
| 8 | Domicile Certificate |  |
| 9 | Certificate of Caste with Category |  |
| 10 | Certificate of Caste Validity  |  |
| 11 | Non creamy layer certificate (valid up to March 2024) |  |
| 12 | EWS Certificate (if applicable) |  |
| 13 | Income certificate (for EWS & TFWS student) |  |
| 14 | Affidavit for Educational Gap (if applicable) |  |
| 15 | Proforma – C & Domicile certificate of Father (for defence category) |  |
| 16 | Certificate for Physically Challenged (if applicable)  |  |
| 17 | Aadhar Card |  |

* **Attach 2 sets of zerox copies of above documents and photo with this application form.**

**Declaration by Student:-**

I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel.

## **I am aware of the Maharashtra Prohibition of Ragging Act 1999and I slate that I will abide by all the rules and regulations of the said Act.**

Place:-

Date:- Signature of the student

 (Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Declaration by Guardian:-**

I have permitted my son/ daughter/ ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues of my son/daughter/ward and that he/she observes.

## Place:-

 Date:- Signature of the Guardian

(Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(For office use only)***

Fee Payment Details:- Cash / D. D. / Cheque / Online Amount in Rs. - Date:-

 Office in charge of Admission Counter

**Principal**

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| **C:\Users\vinod\Desktop\College Logo jpg.jpg** |  Teerthankar Education Society’s Form No. **Dr. Shivajirao Kadam College of Pharmacy,**  **Kasabe Digraj, Sangli**Please paste a passport size (35mm x45mm) photograph here, **Dr. S. K. Nagar, Kasabe Digraj, Tal- Miraj, Dist.- Sangli. 416305** **E-mail-** **skcopharmdeg@gmail.com** **, Ph. No. 9404398406** **Admission Form 2023-24** (All the information required is to be filled in capital letters only)  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign. |  |

**ADMISSION DETAILS**

Date of Admission: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Admission: - CAP / ACAP / IL

Application ID:- PH23

HSC Marks (PCM / PCB ) % :- MH-CET / NEET Score :-

 Admission to the course: - **First Year B. Pharmacy**

**PERSONAL INFORMATION SECTION**

Name of Student:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Surname) (Name) (Middle Name)

Gender: - Male / Female Date of Birth: - \_\_\_\_\_\_\_\_\_ Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Religion: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub Caste: - \_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Group: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Tongue:- \_\_\_\_\_\_\_\_\_\_\_\_ Marital Status:- \_\_\_\_\_\_\_\_\_\_

Aadhar (UIDAI) Card No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mobile No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whatsapp No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Physically Handicapped:- Yes/ No

**GUARDIAN INFORMATION SECTION**

Name of Guardian: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age in Yrs.:-\_\_\_\_\_\_\_\_

Relationship of guardian with applicant:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation of Guardian:- \_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taluka\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Pin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Whatsapp No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correspondence Address:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tal:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 17 | Aadhar Card |  |

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## **I am aware of the Maharashtra Prohibition of Ragging Act 1999and I slate that I will abide by all the rules and regulations of the said Act.**

Place:-

Date:- Signature of the student

 (Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Declaration by Guardian:-**

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## Place:-

 Date:- Signature of the Guardian

(Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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 ***(For office use only)***

Fee Payment Details:- Cash / D. D. / Cheque / Online Amount in Rs. - Date:-

 Office in charge of Admission Counter

**Principal**

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**ADMISSION DETAILS**

Date of Admission: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Admission: - CAP / ACAP / IL

Application ID:- DSP23 MH-CET / NEET Score :-

 Admission to the course: - **Direct Second Year B. Pharmacy**

**PERSONAL INFORMATION SECTION**

Name of Student:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Surname) (Name) (Middle Name)

Gender: - Male / Female Date of Birth: - \_\_\_\_\_\_\_\_\_ Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Religion: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub Caste: - \_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Group: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Tongue:- \_\_\_\_\_\_\_\_\_\_\_\_ Marital Status:- \_\_\_\_\_\_\_\_\_\_

Aadhar (UIDAI) Card No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mobile No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whatsapp No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Physically Handicapped:- Yes/ No

**GUARDIAN INFORMATION SECTION**

Name of Guardian: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age in Yrs.:-\_\_\_\_\_\_\_\_

Relationship of guardian with applicant:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation of Guardian:- \_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taluka\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Pin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Whatsapp No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correspondence Address:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tal:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 5 | Statement of marks of Std. 12th |  |
| 6 | Statement of marks of D. Pharmacy- I & II year  |  |
| 7 | Leaving Certificate |  |
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| 9 | Certificate of Caste with Category |  |
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Place:-

Date:- Signature of the student

 (Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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## Place:-

 Date:- Signature of the Guardian

(Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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Fee Payment Details:- Cash / D. D. / Cheque / Online Amount in Rs. - Date:-

 Office in charge of Admission Counter

**Principal**