



# Dr. Shivajirao Kadam College of Pharmacy, Kasabe Digraj, Sangli

Dr. S. K. Nagar, Kasabe Digraj, Tal- Miraj, Dist.- Sangli. 416305  
E-mail- [skcopharmdeg@gmail.com](mailto:skcopharmdeg@gmail.com) , Ph. No. 9404398406

## Admission Form 2023-24

(All the information required is to be filled in capital letters only)

Please paste a  
passport size  
(35mm x45mm)  
photograph here,

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

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 1999 and 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**



# Dr. Shivajirao Kadam College of Pharmacy, Kasabe Digraj, Sangli

Dr. S. K. Nagar, Kasabe Digraj, Tal- Miraj, Dist.- Sangli. 416305  
E-mail- [skcopharmdeg@gmail.com](mailto:skcopharmdeg@gmail.com) , Ph. No. 9404398406

## Admission Form 2023-24

(All the information required is to be filled in capital letters only)

Please paste a  
passport size  
(35mm x45mm)  
photograph here,

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 \_\_\_\_\_

## ATTACHED DOCUMENTS & CERTIFICATES

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 1999 and 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**



# Dr. Shivajirao Kadam College of Pharmacy, Kasabe Digraj, Sangli

Dr. S. K. Nagar, Kasabe Digraj, Tal- Miraj, Dist.- Sangli. 416305  
E-mail- [skcopharmdeg@gmail.com](mailto:skcopharmdeg@gmail.com) , Ph. No. 9404398406

## Admission Form 2023-24

(All the information required is to be filled in capital letters only)

Please paste a  
passport size  
(35mm x45mm)  
photograph here,

Sign.

### 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 \_\_\_\_\_

## ATTACHED DOCUMENTS & CERTIFICATES

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	Statement of marks of Std. 10th	
5	Statement of marks of Std. 12th	
6	Statement of marks of D. Pharmacy- I & II year	
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 1999 and 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**