



Samarth Rural Educational Institute's
**SAMARTH COLLEGE
OF PHARMACY, BELHE**
DTE CODE - 6931

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A/P: Belhe, Tal: Junnar, Dist: Pune (412 410)

“ADMISSION FORM 2021-- 2022’ D. Pharm / B. Pharm

F.Y. S.Y. D. Pharm F.Y. S.Y. Direct Second Year B. Pharm

Enrollment No: _____

Admission Type: CAP / Against CAP / Mgt.

‘Admission Fees Details’

Total Admission Fees:

Fees Paid:

Balance Amt.:

Fee Receipt No.:

Date: / / 2021

No. of. Installment Provided:

1. Name of the Student Mr./Ms.: _____
(BLOCK LETTERS) (SURNAME) (MIDDLE NAME) (FATHER'S NAME) (MOTHER'S NAME)
2. Fathers Full Name: _____
3. Date of Birth: ___/___/____. 4. Birth Place: _____. 5. Blood Group: _____
6. Sex (Male/ Female): _____ 7. Religion: _____ 8. Cast: _____ 9. Category: _____
10. Address for : Corresepondence: _____
_____ Email: _____ Pin Code: _____
- Student What aap No: _____ Student Addar No: _____
11. Permanent Address: : _____
Pin Code: _____ Telephone No: _____ Father Mobile No: _____
12. Father's Occupation: _____ Annual Income: _____
13. Examination / Admission Details:

Course	Passing Year	College / Institute	Mark		%
			Obtain	Out Off	
10 th					
12 th					
D - Pharmacy					

14. Documents Submitted: (Please Tick [√])

Sr. No.	Document Name	YES	No	Late S
01)	Allotment Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02)	Score Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03)	10 th Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04)	12 th Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05)	Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06)	Nationality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07)	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08)	Income Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09)	Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Caste Validity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Non Creamy Layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Gap Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	Physically Handicapped (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Ration Card Xerox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Adhar Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. I / We hereby state that,

- I. All the above information is correct to the best of my / our knowledge.
- II. I will follow all the rules & regulations of the college during my studies.
- III. I will attend the lectures & practical regularly as per the rules of attendance of the college.
- IV. I will keep good discipline in the college.

Date: ___/___/____.

Signature of Student: _____

Place: _____.

Signature of Parent: _____

Remark: _____

Checked By: _____ Registrar: _____ Director: _____