



Anandi Shikshan Prasarak Mandal Sanchalit

# ANANDI PHARMACY COLLEGE

(DIPLOMA/U.G./ P.G.)

At – Kalambe Tarf Kale, Post - Koparde, Tal. - Karveer, Dist. - Kolhapur. Pin Code 416205

Website: [www.anandipharmacycollege.in](http://www.anandipharmacycollege.in)

E-mail: [anandipharmacycollege@gmail.com](mailto:anandipharmacycollege@gmail.com)

(Recognized by Govt. of Maharashtra, Approved by AICTE, New Delhi, and affiliated to Maharashtra State Board of Technical Education, Mumbai)

## ADMISSION FORM

Course :-

Photo

1. Name of Applicant : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

2. Name of the Parent/ Guardian : \_\_\_\_\_

3. Mothers Name : \_\_\_\_\_

4. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_

Email ID :- \_\_\_\_\_

Mobile No.(whatsapp) : \_\_\_\_\_ Parents\_Mobile No. \_\_\_\_\_

5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Pin Code : \_\_\_\_\_ Aadhar Card No. \_\_\_\_\_

6. Date of Birth : / / Sex : Male/ Female

7. Whether belongs to reserve category?

If yes, State details (SC/ST/VJ/DT/NT1/NT2/NT3/OBC etc.): \_\_\_\_\_

8. Religion :- \_\_\_\_\_ Cast :- \_\_\_\_\_

9. Are you physically handicapped? : Yes/ No

10. Is your father an Ex- Serviceman or in Defense Service? : Yes/ No

11. Have you passed H.S.C. in the first attempt as a regular candidate? : Yes/ No

12. Have you passed H.S.C. with English Subject? : Yes/ No

13. Details of H.S.C. Marks : 1) Months & year of Passing : \_\_\_\_\_

2) Grand Total: \_\_\_\_\_ out of : \_\_\_\_\_

3) 12<sup>th</sup> Std. Exam Seat No. :- \_\_\_\_\_

14. Bank Details : Branch Name : \_\_\_\_\_

Bank A/c No. : \_\_\_\_\_ IFSC Code No. \_\_\_\_\_

Subject	Marks Obtained	Out of	Average
Physics			
Chemistry			
Mathematics			
Biology			
D. Pharm (final year) (If direct second year)			
B. Pharm (final year) (If M. Pharm.)			
GPAT (If M. Pharm. Admission)			

15. Details of S. S. C. Marks: 1) Months & Year of Passing .....

2) Grand Total: .....

I declare that the information given above is true to the best of my knowledge. I accept and agree to abide by the rules and regulations issued by APC, Kalambe Tarf Kale now or n further and authorized the Principal to initiate any suitable action. In case I infringe the rules and regulations of the Institute.

Date : / /20

Place : .....

Signature of the Student

### FOR OFFICE USE ONLY

Mr./ Mrs. .... is admitted to ..... Year D. Pharmacy for the academic year 20 /20 . He/ She has paid Rs. .... As a fees.

He /she has submitted following original documents along with this application form.

1. S.S.C. Mark sheet

2. H.S.C. Mark sheet

3. Leaving Certificate

4. Caste Certificate

5. Caste Validity Certificate

6. Income Certificate

7. Non- Creamy Layer

8. Domicile Certificate

9. Ration Card

Date : / /20

Admission In-charge

Principal