



Gulabrao Patil Memorial Trust's Gulabrao Patil College of Pharmacy, Miraj

Approved by: Pharmacy Council of India (PCI) and AICTE New Delhi,

Recognized by: Govt. of Maharashtra and Affiliated to MSBTE Mumbai.

Gulabrao Patil Memorial Trust's

Gulabrao Patil College of Pharmacy,

795, Gulabrao Patil Educational Campus, Near Govt. Milk Dairy, Miraj-416 410

Telephone: 0233-2212147 Telefax: 0233-2212560

Web site: www.gpmtPharm.org

E-mail: gpcpmij@gmail.com

Application for Admission to First Year Diploma Course in Pharmacy 200 - 200

Note: 1) Please fill the application in full and correctly

2) Please strike out at asterisk mark the unnecessary words.

To,

The Principal/Admission Officer,

Gulabrao Patil College of Pharmacy,

Miraj.

PHOTO

I request you to kindly consider my candidature for admission to **DIPLOMA COURSE IN PHARMACY** at your Institute. I am submitting herewith all the necessary details.

1. Name : _____
Beginning with Surname _____
(In Capital Letters)
2. Name in Marathi : _____
3. Whether Male or Female : Male/ Female
4. Date of Birth : _____
5. Whether Domicile in : Yes / No
Maharashtra?
6. If not, the name of the : _____
State of Union Territory of Domicile _____

7. Whether Indian National : Yes / No
8. Address for Correspondence : -----

Phone / Mobile No : -----
City / Village : -----
Taluka : -----
District : -----
State : -----
9. Name of Guardian : -----
10. Relationship with
the Guardian : -----
11. Profession of the Guardian : -----
12. The gross annual income of
the Guardian : Rs.-----
13. The name of the H.S.C.
or equivalent examination : -----
14. Name of Board : -----
15. Month & Year of Passing
the above examination : -----
16. No. of attempts made to pass
the HSC examination : -----

17. Marks obtained in the
HSC Examination:-

Subject	Mark	Out of
Physics		
Chemistry		
Biology		
Mathematics		

Grand Total :-

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Total PCB Marks :-

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Total PCM Marks :-

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18. Total Marks obtained in S. S. C. Exam:-

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19. Whether belonging to

Scheduled Castes (S.C.) :- Yes /No

Scheduled Tribes (S.T.) :- Yes /No

Nomadic Tribes (N.T.) 1- 2 -3 :- Yes /No

Sch. Backward Castes (S.B.C) :- Yes /No

Other Backward Class (O.B.C) :- Yes /No

20. Name of Caste :- -----

21. Whether Represented

the Institution in Sport / Game :- Yes /No

22. Whether Physically Handicapped :- Yes /No

Date :

Place :

Signature of the Candidate

DECLARATION BY THE CANDIDATES

1. As per Hon. Supreme Court Order if any student face any type of Ragging can immediately contact to the Principal, if any student found guilty of Ragging, He / she will liable for penalty as per Hon. Supreme Court Order.
2. I hereby solemnly declare that I have read all the Rules of admission to the Diploma Course in Pharmacy and I have consulted my Guardian and after fully understanding these Rules I have filled this application.
3. I declare that I have not been debarred from studying in any school or from appeared in any examination during the period of my proposed studies.
4. The information furnished by me in this application is true to the best of my knowledge and belief.
5. I fully understand that no other document other than those attached to this application form will be entertained for the purpose of any claim for priority for admission or concession in fee etc.
6. I hereby agree to abide by the instructions, rules etc of the Board of Technical Education and those of the institution where I may be admitted and also the Acts and Laws enforced by the Government from time to time.
7. I hereby undertake that I shall pursue the studies and shall not do anything inside or outside the Institution which may result in disciplinary action against me.
8. I understand that admission being given to me on claim on reservation, if any, is provisional and the same will be cancelled if the said claim is rejected by the competent authority.

Date :-

Signature of the Candidate

Place :-

DECLARATION BY THE GUARDIAN

1. I have studied the rules of admission and agree to the same.
2. The particulars furnished by my ward are true to the best of my knowledge & belief.
3. I undertake and bind myself to pay within due date on behalf of my ward such fees charged and the dues as levied by the authorities from time to time.
4. I shall take care that my ward behaves properly and does nothing except in the interest on this studies.
5. If my ward found guilty of Ragging he will liable for penalty as per Hon. Supreme Court Order.

Date : -

Signature

Place: -

Name of Guardian _____

MEDICAL FITNESS CERTIFICATE

(By Registered Practitioner)

I have thoroughly examined Shri / Ku.
..... today the Day of
And therefore certify that he/she has sound constitution, no serious defect in eye sight, no physical disability and no mental infirmity. I further certify that he/she is fit to undergo instruction in Pharmacy and he/she has nothing that can make him/her unfit now or in future to undergo manual work in workshops and field or any outdoor service as a Pharmacist.

Date: Signature:
Address: Name:
..... Qualification:
..... Registration No. :

Seal

MEDICAL FITNESS CERTIFICATE FOR PHYSICALLY HANDICAPPED

(By Civil Surgeon)

I have thoroughly examined Shri / Ku.
..... today the Day of
And therefore certify that he/she has following handicap.
.....
..... and that this handicap may no make him/her unfit for undergoing manual work in workshop and field or any outdoor service as a pharmacist / except in the branches mentioned below and that otherwise he/she has sound constitution, no disease, no serious defects in eyesight and no mental infirmity. I further certify that he/she is fit to undergo instruction in Pharmacy and he/she has nothing that can make him/her unfit now or in future to undergo manual work in workshops and field or any outdoor service as a Pharmacist.

Fields where he/she is likely to be unfit are
.....

Date: Signature:
Address: Name:
..... Qualification:
..... Registration No. :

SEAL

SCRUTINY FORM

Following documents and One {01 } Xerox Set are compulsory along with Application form.

Sr. No.	Reservation Category	Open Category	YES / NO
01	HSC Mark sheet	HSC Mark sheet	
02	School Leaving Certificate (LC or TC)	School Leaving Certificate (LC or TC)	
03	SSC Mark sheet	SSC Mark sheet	
04	Domicile Certificate	Domicile Certificate	
05	Medical Fitness Certificate	Medical Fitness Certificate	
06	Cast Certificate	-----	
07	Non-Creamy Layer Certificate	-----	
08	Annual Income Certificate	Annual Income Certificate	

Date:

Signature:

Place:

Name of Scrutinizer: