



**The Shirpur Education Society's**  
**R. C. Patel Institute of Pharmaceutical**  
**Education & Research,**  
Karwand Naka, Shirpur 425405. Dist. Dhule (MS)

**Admission Form For B.Pharm.**

**Form No.**

Signature of Candidate

PHOTO

1. Name of Student \_\_\_\_\_  
(in Block Letter)                      Surname                      First Name                      Middle Name
2. Father's Full Name: \_\_\_\_\_
3. Mother's Full Name: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Gender : Male       Female
6. Place of Birth: \_\_\_\_\_
7. Blood Group: \_\_\_\_\_
8. Religion: \_\_\_\_\_
9. Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_
10. Mobile Number:(Student) \_\_\_\_\_ (Parent) \_\_\_\_\_
11. Email ID: \_\_\_\_\_
12. Category: Open /Reserved.
13. If reserved : SC/ST/VJ/DT/NT1/NT2/NT3/NT4/OBC/SBC
14. Caste: \_\_\_\_\_ Sub-caste: \_\_\_\_\_
15. Physically challenged: Yes/ No
16. Application No.: \_\_\_\_\_ Password \_\_\_\_\_
17. Marks Obtained in H.S.C.:    PCM \_\_\_\_\_ PCB \_\_\_\_\_
18. For Scholarship:
  - a) Bank A/C No: \_\_\_\_\_ b) Type of A/C: \_\_\_\_\_
  - c) Name of Nationalized Bank & Branch. \_\_\_\_\_
  - d) AADHAR No.: \_\_\_\_\_

19. Social Reservation: Ward of Ex-serviceman/Ward of Secondary, Primary Teacher

20. Parent's Occupation: Service/Business/Profession/Farmer/Labour

21. Annual Income of Parent: \_\_\_\_\_

22. Educational Details:

Examination	Board	Exam. Seat No.	Mark sheet No.	Total Marks Obtained	Out of	Percentage
S.S.C.						
H.S.C.						

23. Name of School in S.S.C.: \_\_\_\_\_

24. Name of School/College in H.S.C.: \_\_\_\_\_

Name of Document / Certificate	Tick	Name of Document/Certificate	Tick
Marksheet of Std.10 <sup>th</sup> (Year of Passing = _____ )		Certificate of Caste	
MarkSheet of Std.12 <sup>th</sup> (Year of Passing = _____ )		Non Creamy Layer Certificate	
Leaving Certificate		Domicile Certificate	
Caste Validity		Nationality /Birth Certificate	

25. **Declaration by student:**

I hereby declare that the information filled in this form is accurate & 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.

26. **Undertaking as per AICTE Regulation on Curbing the Menace of Ragging:**

I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under Clause 4 of the regulation.

c) I hereby solemnly affirm that, if found guilty of ragging, I am liable for punishment according to clause 8(4)(a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Place

Date:

Signature