FORM	NO.	

SEAT NO.

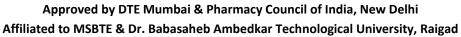


MEHMUDA SHIKSHAN & MAHILA GRAMIN VIKAS BAHUDDESHIYA, SANSTHA, NAGPUR

CENTRAL INDIA COLLEGE OF PHARMACY, LONARA, NAGPUR.

Academic Session - 20..... - 20......

B. PHARMACY / D. PHARMACY ADMISSION FORM



TOTAL MARKS

e-mail: cicopnagpur@gmail.com / Website : www.cicopngp.org.in FOR OFFICE USE ONLY							College		4651
Course Admitted to:				CAP/MGT.					
Admission Date:	' /	Roll No.:	Admissio	on Reciept N	lo.:		Domicile :	MS	омѕ
Level of Admission - F	irst Year / Direct Second Year / Re	gular Second Year / Thi	rd Year /	Fourth Yea	ar / Tra	nsfer from O	ther Colleg	e	
	s notes before filling form: in the form and Do not overwrite	2. Fill in all fields to	CAPITAL	letters only	/				
3. Strike-off whicheve	r is not applicable. E.g. if you are m	nale :- Gender: Male/ Fe	emale						
Name of Student (as per ssc	Last Name	First Nam	e	ſ	Midle	Name			
marksheet) Father Name									
Mother Name									
Date of Birth :/	/ Caste/Categ	ory :		Subcaste	:		P H Type :		
AADHAR CARD NO.	(UID)		AADHA	R CARD NO). (EID)				
Permanent Address	:				P	in Code No.			
Correspondence Ad	dress :				P	in Code No.			
	Tehsil :		City/To	wn/Villag					
State :			0.047	, , , , , , , , , , , , , , , , , , , ,	,				
Contact No. STD cod	e.: Phone no. :		_ Mobile	No. : 1.					
Father/Parent/Guar	dian Contact No. :		Mobile	No. : 2.					TT
E-Mail. ID :							<u> </u>		
		-	Watsap	op No.					
Bank Account D	etails :								
Account No		••••	IFSC C	ode :-					••••
Name of Bank/ Branch :			MICR	Code :-					••••
DETAILS OF QUAI 1) S.S.C.	LIFYING AND OTHER EXAMII	NATION :							
SR. NO.	SUBJECT	MARK OUT OF	MAR	K OBTAINI	ED				
1			YEAR OF PASSING						
2			_						
3						% OF MARK			
4						OBTAINED			
5									

2) H.S.S.C. SCIENCE

SR. NO.	SUBJECT	MARK OUT OF	MARK OBTAINED		
1				YEAR OF PASSING	
2					
3					
4				% OF MARK OBTAINED	
5					
6				CEAT NO	
	TOTAL MARKS			SEAT NO.	

3) D.PHARM / B.PHARM Previous Marksheet details

SR. NO.	SUBJECT	MARK OUT OF	MARK OBTAINED	VEAD OF	
1				YEAR OF PASSING	
2					
3				.,	
4				% OF MARK OBTAINED	
5					
6				SEAT NO.	
	TOTAL MARKS			JLAI NO.	

ALL INFORMATION STATED ABOVE IS CORRECT IF ANY DETAILS ARE WRONG IT IS OUR RESPONSIBILITY.

If original documents are not submitted within time, the admission shall be treated as cancelled.

I/We have also noted that the admission to the course is provisional subject to final approval of the affiliating MSBTE MUMBAI & Other competent authority.

Signature of Parents / Guardian

Signature of Student

CHECK LIST OF ORIGINAL DOCUMENTS SUBMITTED (TICK (√) THE APPROPRIATE BOX)

CERTIFICATE / DOCUMENT	
1) S.S.C. Exam Mark Sheet	
2) H.S.C. Exam Mark Sheet	
3) MHT CET/JEE/NEET Score Card	
4) Leaving Certificate	
5) Caste Certificate	
6) Non Creamy Layer Certificate	
13) Bank Passbook Xerox	

CERTIFICATE / DOCUMENT	
7) Domicile Certificate	
8) Educational Gap Certificate	
9) Physically Handicapped Certificate	
10) Passport Size Photo (6)	
11) Migration Certificate for CBSC / OMS student	
12) Aadhar Card Photo Copy	

1)	Pending	Documents
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I)	 II)	
	IV)	

Note:- Students Should Submit the Original Documents/ Certificate along with Three Sets of Photo Copies of the same.

I ------into your college, Central India College of Pharmacy, Lonara. Nagpur. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statement provided in this application are correct to my knowledge and if found otherwise, I shall abide the decision of the management. In agree to abide by the rules, regulations and the fee structure of the college.

Signature of Parent / Guardian

FOR OFFICE USE ONLY CENTRAL INDIA COLLEGE OF PHARMACY, LONARA, NAGPUR. Office Superintendent Principal Name & Sign Name & Signature of Verifying officer Date: Seal