

CENTRAL INDIA COLLEGE OF PHARMACY, LONARA, NAGPUR.

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

B. PHARMACY/ D. PHARMACY ADMISSION FORM

Approved by DTE Mumbai & Pharmacy Council of India, New Delhi

Affiliated to MSBTE & Dr. Babasaheb Ambedkar Technological University, Raigad

e-mail: cicopnagpur@gmail.com / Website : www.cicopngp.org.in

College 4651

FOR OFFICE USE ONLY

Course Admitted to:		CAP/MGT.			
Admission Date: / /	Roll No.:	Admission Receipt No. :		Domicile :	MS OMS

Level of Admission - First Year / Direct Second Year / Regular Second Year / Third Year / Fourth Year / Transfer from Other College

Kindly read important notes before filling form:			
1. Use black ink to fill in the form and Do not overwrite	2. Fill in all fields to CAPITAL letters only		
3. Strike-off whichever is not applicable. E.g. if you are male :- Gender: Male/ Female			
Name of Student (as per ssc marksheet)	Last Name	First Name	Midle Name
Father Name			
Mother Name			

Date of Birth : ___ / ___ / ___ Caste/Category : _____ Subcaste : _____ P H Type : _____

AADHAR CARD NO. (UID)

AADHAR CARD NO. (EID)

Permanent Address : _____ Pin Code No.

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Correspondence Address : _____ Pin Code No.

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District : _____ Tehsil : _____ City/Town/Village: _____

State : _____

Contact No. STD code.: _____ Phone no. : _____ Mobile No. : 1.

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Father/Parent/Guardian Contact No. : _____ Mobile No. : 2.

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E-Mail. ID : _____

Mother Contact No. _____ Whatsapp No.

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Bank Account Details :

Account No. IFSC Code :-

Name of Bank/ Branch : MICR Code :-

DETAILS OF QUALIFYING AND OTHER EXAMINATION :

1) S.S.C.

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

2) H.S.S.C. SCIENCE

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

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

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

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

- I) II)
 III) IV)

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

I -----under signed have the authority to admit my son/ Daughter -----
 -----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, regulationsand 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	Stamp
Date :-	Seal