



Abhinav Education Society's
COLLEGE OF PHARMACY (B.Pharm)
 (Approved by AICTE & Pharmacy Council of India,
 Government of Maharashtra, Affiliated to University of Pune,)
S.No.23/3/2, A/p Narhe, Tal.Haveli, Dist. Pune - 411041.



(Institute Code - Ph6381)

Tel.: +91-20-3231 6708
+91-20-30208115/16/17/18

Telefax : +91-20-2431 9097
+91-20-3020 8115

E-mail : abhinav_bpharm@yahoo.com
abhinavpharmacycollege@gmail.com

DATA SHEET FOR ADMISSION TO
First Year B.Pharm

Affix your passport size
 photograph here

1.CATEGORY	OPEN	SC	S T	VJ / NT	OBC	SBC
------------	------	----	-----	---------	-----	-----

1.A. RELIGION :

2.SURNAME																				
FIRST NAME																				
MIDDLE NAME																				
DATE OF BIRTH																				

3.SEX	MALE	FE MALE
-------	------	---------

* 4. HSC / PHYSICS MARKS / 100																				
6. BIOLOGY MARKS / 100																				
7. HSC / PCB MARKS / 300																				
8. HSC TOTAL / 600																				
8A. MONTH & YEAR OF PASSING																				
8B.NAME OF BOARD / EXAMINING AUTHORITY																				

5. CHEMISTRY MARKS / 100																				
6.A. MATHS MARKS / 100																				
7A. HSC / PCM MARKS / 300																				
8C. CET - Appeared	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Name of CET Exam : MHT - CET															
CET Score / 200					PCB															
					PCM															

8.Details of last school / College attended																				
Phone no. of the last School / College attended	STD																			
	Phone																			

9. .SSC TOTAL / 700 / CLASS																				
9A. MONTH & YEAR OF PASSING																				
9B.NAME OF BOARD / EXAMINING AUTHORITY																				

10.HSC	MAHARASHTRA	OTHER	11. SSC MAHARASHTRA																	
--------	-------------	-------	---------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. ADDRESS FOR CORRESPONDENCE																				
CITY																				
PIN																				
PHONE NO. (RESIDENTIAL)																				
PHONE NO. GUARDIAN																				
PHONE NO. STUDENT																				
E-MAIL ID																				

Signature of Parent
 Place : PUNE
 Date : / /

Signature of Applicant

*Note : If marks in each subject including practical are not out of 100, convert into out of 100

INSTRUCTIONS TO FILL UP THE ADMISSION FORM

(Serial numbers are as per points in data sheet)

1. Write your category. 1.a. Write your religion.
2. Write name of the applicant in BLOCK letters.
3. Tick for correct Sex.
4. Write Physics Marks out of 100 at HSC or equivalent examination.
5. Write Chemistry Marks out of 100 at HSC or equivalent examination.
6. Write Biology Marks out of 100 at HSC or equivalent examination.
7. Write PCB total out of 300 at HSC or equivalent examination.
8. Write (or equivalent) total marks out of 600.
9. Write SS (or equivalent) Total marks out of 700.
10. Have you passed standard XIIth from Maharashtra State ? Write Y for Yes and N for No.
11. Have you passed standard XIIth from Maharashtra State ? Write Y for Yes and N for No.
12. Write your complete address for correspondence.
13. Applicable for the Students seeking admission to S.Y. / T.Y. / Final year B.Pharm. only.

FOR OFFICE USE ONLY

Date :

Admission Round :

Allocation No. :

App No. :
M S

Category :
Religion :

OMS

Admitted to :

Year B.Pharm.

Documents (Originals)

1. HSC Mark Sheet

Not Admitted to :

2. Nationality / Domicile Cert

3. Leaving Certificate

4. Caste Certificate

5. S.S.C. Marks sheet

6. Caste Validity Certificate

7. Pharm Marks Sheet

Fees Paid :

Receipt No. :

Amount

:

UNDERTAKING

(To be given by Parent / Legal Guardian)

In the event of **Abhinav Education Society's College of Pharmacy**, Pune - 411 041; considering the application of Mr. / Miss _____

son / daughter of Mr. _____

residing at _____ for admission to B.Pharm. (Course)

I Mr. / Miss. _____ (Parent / Legal Guardian) of

Mr. / Miss. _____

hereby agree to following conditions.

- I shall pay the adhoc fees / fees prescribed by the Competent Authority / College Authority.
- I hereby further agree and undertake that if the fees (Tution + Development) and other charges / fees decided by the Shikshan Shulka Samiti / Competent Authority are more than the adhoc fees for the current Academic Year; then I will pay the difference to the Institute on demand. I shall also pay the fees and other charges decided by the Shikshan Shulka Samiti / Competent Authority for the subsequent Academic Years in time.
- I shall attend the college regularly. I understand that in case of attendance less than 80%, without intimation, I shall be prevented of appear for University examination.
- I agree to abide by all rules & regulation made by the college regarding academic & co-cercular activities time to time.
- I shall not be involved in any activity which shall be considered as ragging & if found engaged in such activities I shall be liable for legal action.
- I will not participate in any antisocial activities. I will not be engaged in use drugs, alcohol or any such harmful substances .

I agree

(_____)

Student

Date :

Place : Pune

(_____)

Parent / Legal Guardian

Date :

Place : Pune

FOR OFFICE USE ONLY

Scrutiny of the Applicant :

a) Name of the Candidate :

b) Application No. & Date :

c) Male / Female : _____ d) Category :

e) P.C.B. / M marks : _____ f) Aggregate :

g) MAH / PH / CET or AIEEE : _____

h) Merit No. : _____

j) Document Enclosed : (Attested Copies)

1	2	3	4	5	6	7	8

Data Entry by

Checked / Verified by

Principal

ACKNOWLEDGMENT

Received application form for admission to First Year B.Pharm. for the Academic Year _____

from Mr. / Miss. _____

Application No. _____ .

Documents Enclosed : (attested copies)

- | | |
|------------------------|---------------------------------------|
| 1) H.S.C. Mark Sheet | 2) Nationality / Domicile Certificate |
| 3) Leaving Certificate | 4) Caste Certificate |
| 5) S.S.C. Mark Sheet | 6) Caste Validity Certificate |
| 7) Pharm Mark Sheet | 8) Any Other |

Date :

Seal

Receiver's Signature