



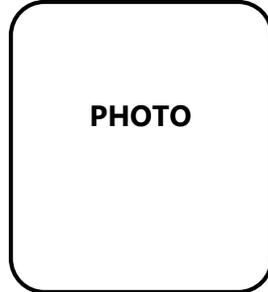
Shirpur Education Society's

R. C. Patel Institute of Pharmacy, Shirpur

Karwand Naka, Shirpur 425405. Dist. Dhule [MS]

Admission Form For B.Pharm(DSY) For A.Y. 2025-26

Form No.



Signature of Candidate

1. Name of Student _____
(In Block Letter) Surname First Name Middle name
2. Fathers Full Name: _____
3. Mothers Full Name: _____
4. Date of Birth: _____
5. Gender : Male Female
6. Place of Birth: _____
7. Blood Group: _____
8. Religion: _____
9. Address for Correspondence: _____

_____ Pin No. _____
10. Mobile No. (Student) _____ (Parent) _____
11. Email ID: _____
12. Aadhaar No.: _____
13. ABC ID: _____
14. Category: Open /Reserved.
15. If reserved: SC/ST/VJ/DT/NT1/NT2/NT3/NT4/OBC/SBC/SEBC
16. Caste: _____ Sub-caste: _____
17. Physically Challenged: Yes/No
18. Application ID: _____ Password _____

19. For Scholarship:

a) Bank A/C No: _____ b) Type of A/C _____

c) Name of Nationalized Bank & Branch _____

20. Parents Occupation: Service/Business/Profession/Farmer/Labour

21. Annual Income of Parent: _____

22. Educational Details:

Examination	Board	Exam Seat No.	Marks Sheet No.	Total Marks Obtained	Out of	Percentage
S.S.C.						
H.S.C.						
Diploma						

23. Name of school in S.S.C: _____

24. Name of school/College in H.S.C. _____

25. Name of College in Diploma: _____

26. Attached Document-(Two copy Xerox Set & One Set Original Documents)

Sr.No	Name Of Document /Certificate	Attached(Yes/No)
1	Aadhaar Card Xerox Copy	
2	FC, ARC, & Confirmation Letter	
3	Mark sheet of Std.10 th (Year of Passing=)	
4	Mark sheet of Std.12 th (Year of Passing=)	
5	Mark sheet of First & Second Year D.Pharm	
6	Certificate of Caste	
7	Non-Creamy Layer Certificate	
8	Caste Validity	
9	Domicile Certificate	
10	Nationality Certificate/Birth Certificate	
11	Gap Certificate	
12	Leaving Certificate	
13	Photo 01	

27. 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.

I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I State that I will abide by all the rules and regulations of the said Act.

Student Signature :

Guardian Signature: