



Shirpur Education Society's

R. C. Patel Institute of Pharmacy, Shirpur

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

Admission Form For F.Y.B. Pharm For A.Y. 2025-26

Form No.

PHOTO

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. PAN Card No: _____
15. Category: Open /Reserved.
16. If reserved: SC/ST/VJ/DT/NT1/NT2/NT3/NT4/OBC/SBC/SEBC
17. Caste: _____ Sub-caste: _____
18. Physically Challenged: Yes/No
19. Application ID: _____ Password _____
20. Marks Obtained in H.S.C.: _____ PCM _____ PCB _____
21. Marks Obtained in CET: _____ PCM _____ PCB _____

22. For Scholarship:

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

c) Name of Nationalized Bank & Branch _____

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

24. Annual Income of Parent: _____

25. Educational Details:

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

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

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

28. 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	Nationality Certificate/Birth Certificate	
4	Domicile Certificate	
5	Certificate of Caste	
6	Caste Validity	
7	Non-Creamy Layer Certificate	
8	Mark sheet of Std.10 th (Year of Passing=)	
9	Mark sheet of Std.12 th (Year of Passing=)	
10	CET Scorecard	
11	Gap Certificate(if Applicable)	
12	Leaving Certificate	

29. 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: