APPLICATION FORM FOR ADMISSION (2020-2021)
FIRST YEAR D. PHARM/B.PHARM

Within Maharashtra ☐   **Out of Maharashtra** ☐

Course Applied for | D. Pharm/B.Pharm |

Photo

1. Name in Full: _____

    (in Block Letters)   (Surname)   (First Name)   (Middle Name)

2. Date of Birth: _____   Gender: Male/Female

3. Mobile No.: _____   Email id: _____

4. Aadhar Card Number: _____

5. Whether belong to reserved category: Yes/No

    If Yes, Category: _____Caste: _____ Religion: _____

6. H.S.S.C/12th Standard Marks as per Mark Sheet:

    Total Marks: _____   Marks Obtained: _____   Percentage: _____

Sr. No.	Subject	Total Marks	Marks Obtained
a.	Physics (P)		
b.	Chemistry ©		
c.	Biology (B)/Maths (M)		

    Month and Year of Passing H.S.S.C/12th Standard: Year- _____ Month- _____

7. Name of Father: _____
    (in Block Letters)   (Surname)   (First Name)   (Middle Name)

8. Fathers Occupation: _____ Father's Mobile No.: _____

    Mother's/Father's email id: _____

9. Name of Mother: _____ Mother's Mobile No.: _____

10. Permanent Address: _____

11. Local Guardian Address: _____

DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES
[Deemed to be Univeristy]
Datta Meghe College of Pharmacy
Conferred 'A' Grade status by H.R.D. Ministry Govt. of India.
Re-accredited by NAAC (3rd Cycle) with 'A+' Grade
Placed under Category-I (Graded Autonomy) by UGC

Office :
Sawangi (Meghe), Wardha – 442 107, Maharashtra, India
Ph. No. : 07152 – 287701-06, 8459643255   Website: www.dmcopwardha.com   Email: dmimsupharmacy@gmail.com

12. Application Fees**: _____**   By Cash/DD/ RTGS

If paid by Demand Draft : DD No._____ Date:_____

Name of the Bank:_____ Branch: _____

If paid by RTGS: Transaction ID.: _____ Date: _____

Name of Bank: _____

Declaration:

1. I hereby declare that I am an Indian National and the particulars given above are correct. In case any information given in this application proves to be false or incorrect, the competent authority conducting the selection can cancel my candidature or admission as the case   may be.
2. I undertake to submit all the required necessary certificates in original for verification at the time of counselling and during the admission process as per rules, failing which, my claim for selection/admission shall be fortified by the competent authority.

Date:
Place:

Signature of Parent/Guardian   Signature of the applicant

FOR OFFICE USE ONLY

DOCUMENTS ATTACHED:

Document	Attached (Yes/No)
1) 10th Standard Marksheet	
2) 10th Standard Board Certificate	
3) 12th Standard Marksheet	
4) Age, Nationality Domicile Certificate	
5) 12th Standard Leaving Certificate	
6) Medical Fitness Certificate	
7) Aadhar Card	
8) Reciept of admission fee submitted	
Additional documents required for Candidates belonging to Reserved Category	
1) Caste Certificate	
2) Caste Validity Certificate	
3) Non-Creamy Layer Certificate (OBC/VJ/NT)	

CHECKED BY   VERIFIED BY

Name:_____   Name:_____

Signature: _____   Signature: _____

ADMITTED/NOT ADMITTED
DATE OF ADMISSION: _____

PRINCIPAL
Datta Meghe College of Pharmacy