



Rashtriya Shikshan Mandal, Ahmednagar
N. N. Sathha College of Pharmacy

Infront of Sahakar Sabhagruha. Station Road, Ahmednagar

Ph. No. 0241 - 2425999

E-mail : rsmcopharmacy@gmail.com

ADMISSIONS FORM

Form No. :

Candidate
Photo

To,
The Director,
N.N. Sathha College of Pharmacy
Infront of Sahakar Sabhagruha. Station Road, Ahmednagar

Respected Sir,

I kindly request you to consider my admission form for D.Pharmacy. / B. Pharmacy

1] CANDIDATE'S GENERAL INFORMATION

- 1.1 Candidate Name :
- 1.2 Father Name : Mother Name :
- 1.3 Gender / Female : 1.4 Date of Birth : / /
- 1.5 Marital Status : Single / Married 1.6 Nationality :
- 1.7 Domicile : 1.8 Religions :
- 1.9 Caste : 1.10 Sub/caste if any :
- 1.10 Mother Tongue :
- 1.12 Non-creamy Layer / Creamy Layer : Yes / No
- 1.13 Caste Validity : Yes / No
- 1.14 Permanent Address :
- Taluka : District :
- State : Pine :
- Mobile Number : Father / Mother :
- Mobile Number Candidate :
- 1.15 Physically Handicapped : Yes / No
- 1.16 Reservation for Defense Service Person : Yes / No
- 1.17 E-mail Address :
- 1.18 : Aaddhar No. :
- 1.19 : Family Annual Income :



1.20 Admission Type and year : Govt. / Management : I / II / III / IV

Exam Passed	Month & Year	Name of the Institute	Board/ University	Percentage
S.S.C.				
H.S.C.				
Gap if any				

2. Fees Paid Details : RTGS / DD / Bank Deposited

Amount in Rupees :

3. Student Bank Details for Scholarship :

Account No.	Name of Bank	Branch Name	IFSC Code

4. Declaration by the Candidate :

I have read all the rules of admission and on understanding these rules; I have filled this application form for consideration of submission of application form for admission to D. Pharm / B. Pharm Course. The information given by me in this application is true to the best of my knowledge & belief. If at later stage, it is found that I have furnished wrong information and submitted false certificate (s), I am aware that my admission stands cancelled and fees paid by applicant will be non-refundable.

NOTE

1. No Students admitted to Final Examination if He / She have attendance less than 80%
2. Ragging is strictly prohibited in college Campus.

Date : / /20

Place :

Student Signature

Parent Signature

FOR OFFICE USE ONLY

Name of Student : Class :

Scholarship In Charge

Account Clerk

Staff Sign.

Students Section

Director

