



College Code / Appln. No.  
PH312/E -

**Dr. D. Y. Patil Pratishthan's  
Padmashree Dr. D. Y. Patil College of Pharmacy  
Akurdi, Pune - 411 044**

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**APPLICATION FORM FOR ADMISSION TO FIRST / DIRECT SECOND YEAR  
B. PHARMACY (FOR THE ACADEMIC YEAR 2010-11)**

1 Name of Candidate : \_\_\_\_\_  
(SURNAME                      NAME                      FATHER'S NAME                      MOTHER'S NAME)  
IN BLOCK LETTERS AS IT ON THE MARKSHEET OF QUALIFYING EXAMINATION

2 Gender :  Male  Female

3 Date of Birth (dd/mm/yyyy) : \_\_\_\_\_

4 Blood Group : \_\_\_\_\_

5 Place of birth : Town \_\_\_\_\_ Dist \_\_\_\_\_ State \_\_\_\_\_

6 Parent's / Guardian's Name : \_\_\_\_\_

Occupation of Parent's / Guardian : \_\_\_\_\_

Annual Family Income : \_\_\_\_\_

7 Address for Correspondence : \_\_\_\_\_

\_\_\_\_\_ Pin

Telephone No.(with STD Code): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail address (If any) :

8 Permanent Address : \_\_\_\_\_

\_\_\_\_\_ Pin

Telephone No.(with STD Code): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

9 Category : Open  Reserved

10 Reserved Category Status (Please Tick) : SC / ST / DT(A) / NT(B) / NT (D) / OBC / SBC  
(if applicable)

11 Nationality : \_\_\_\_\_ State Domacile : \_\_\_\_\_

12 Details of Common Entrance Test :

MH-CET - 2010						
Appeared	Yes		No			
MH-CET Roll No.						
State Merit List Number						
Subject	Phy.	Chem.	Maths	Bio	PCM	PCB
Marks Obt.						
Out of						

AIEEE - 2010						
Appeared	Yes		No			
AIEEE Roll No.						
State Rank						
All India Rank						
Marks Obt.	Phy.	Chem.	Maths	Bio	PCM	PCB
Out of						

13 H.S.C. of Equivalent Examination :

Name of Board : \_\_\_\_\_ Year of Passing : \_\_\_\_\_

Subject	Physics	Chemistry	Biology	Maths	PCM Total	PCB Total	Grand Total
Marks Obtained							
Maximum Marks							

14 S.S.C. of Equivalent Examination :

Name of Board : \_\_\_\_\_ Year of Passing : \_\_\_\_\_

Grand Total		Marks in Mathematics	
Marks obtained	Out of	Marks obtained	Out of

15 Diploma (If you have done 2 Years Deploma in Pharmacy with Medium of instruction necessarily English):

Year of Pssing	Name of the Board	Grand Total		% of marks
		Marks Obt.	Out of.	

16 DECLARATION BY THE CANDIDATE

I, ..... Declare that, I have read all the rules of admission as contained the prospectus of the Institute of the admission brochure of Government of Maharashtra. I undertake and bind myself rule and understanding these rules, I have filled this Application form for consideration for admission to the First Year / Direct Second Year Dgree course in Pharmacy at the institute

I, understand and accept that my admission will be provisional and subject to the verification of all documents; mentioned in the prospectus and required by the university of Pune, as also to the fulfillment of eligibility condition laid down by statutory bodies.

The information given by in my application is true to the best of knowledge and belief.

Date :

Place :

**SIGNATURE OF THE CANDIDATE WITH NAME**

17 DECLARATION TO BE SIGNED BY THE CANDIDATE'S PARANT / GUARDIAN

I, ..... declared that,

- 1 The particulars furnished by my son / daughter / ward in hi / her application form are correct to the best of my knowledge and belief
- 2 I undertake and bind myself to pay on behalf of my son / daughter / ward tuition fees, other fees and fine (lived) etc. by the Institute may specity. In the event of failure on my part and / or on the part of my sone / daughter / ward to pay the fees of fine, the Principal of the Institute may take such action against my sone / daughter / ward, as he deems fit.
- 3 I substantiate and accept the aforesaid declaration made by my ward.

Date :

Place : SIGNATURE OF THE PARENT / GUARDIAN WITH NAME

18 Attested true copies of following certficates are attached with the application form  
(Tick mark in the boxes provided)

1	CET / AIEEE Score Card	
2	H.S.C.(Std.XII) Mark Sheet	
3	S.S.C.(Std.X) Marks Sheet	
4	Diploma Marks Sheet	
5	School / College / Polytechnic Leaving Certificate	
6	Caste Certificate	
7	Caste Validity Certificate	
8	Non-Creamy layer Certificate (if applicable)	
9	Gap Certificate (if applicable)	
10	Migration Certificate (if applicable)	
11	Nationality Certificate	

Total Number of Certificate attached	
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**CHECKED BY**

**RECOMMENDED BY**

**SECTION INCHARGE**

**OFFICE SUPTD./REGISTRAR**

**ADMITTED / NOT ADMITTED**

**PRINCIPAL**

**Note :**

- 1 Application Should be filled with in all respect. Incomplete applications will not be accepte
- 2 Attested true copies of all necessary documents should be attached to the application.
- 3 The application form of backward classes will be accepted only if it is accompanied with Cast Certificate, Caste Validity Certificate, Non-Creamy layer (if applicable)
- 4 Completely filled application form along with documents should reach to this office as per sheduled given in adevertisement publication.
- 5 Payment of Rs.500/- (Rupees Five Hundred Only) by D.D. to be drawn in fevour of 'Padmashree Dr. D. Y. Patil College of Pharmacy' payable at Pune, should be made at the