

Adarsh Shikshan Mandal, Kalyan

IDEAL COLLEGE OF PHARMACY & RESEARCH

Adarsh Vidya Nagari, 21/11, Bhal Gaon, Shri Malang Road, Via – Kalyan Rly. Stn., Tal. Ambernath, Dist. Thane, Maharashtra-421301

Tel. 0251-3204294/3204394 E-mail : idealcollegeofpharmacy@yahoo.co.in

Application form for admission to the F.Y./S.Y./T.Y./Final Year B. Pharm.

Application Form No. : _____

Admission No. : _____

A) Personal Details : (Write in Capital Letters Only)

➤ Residential Address : _____

(Surname)

(Name)

(Father's Name)

(Mother's Name)

➤ Residential Address : _____

State : _____ Pin Code : _____

➤ Ph. No. : _____ Mobile : _____ E-Mail : _____

➤ Native Place Address : _____

➤ District : _____ Pin Code : _____

➤ State : _____ Nationality : _____

➤ Ph. No. : _____ Mobile : _____

➤ Date of Birth _____ Sex: Male Female Blood Group _____

➤ Category : SC/ST/NT1/NT2/NT3/VJ/SBC/OBC/OPEN _____

➤ Religion & Caste : _____

➤ Mother Tongue : _____

B) Marks Secured in HSC Examination :

Particulars	Marks Obtained	Marks Out of	Percentage	Year of Passing
PCB Group				
PCM Group				
Grand Total				

C) Marks Secured in MH-CET _____

D) Marks secured in Examination :

Particulars	Marks Obtained	Marks Out of	Percentage	Year of Passing
S.S.C.				
H.S.C.				
D. Pharm.				
F.Y.,S.Y.				
T.Y.B.Pharm				

E) Father's Occupation : _____ Service/Business _____

Father's Annual Income : Service/Business/Housewife _____

F) Mother's Occupation : Service/Business/Housewife _____

Mother's Annual Income : _____

G) Declaration of the Applicant :

I hereby declare that,

- The information given by me in my application form is true to the best of my knowledge and belief.
- I have not been debarred from appearing at any Govt. constituted or statutory Examination authority.
- I fully understand that the Principal of the college will have full liberty to expel/rusticate me from the college for any infringement of the Rules of Conduct and Discipline prescribed by the College/University of Mumbai and undertaking given above.

Student's Signature

Father's/Guardian's Signature

H) Check List : List of documents to be attached with the application.

(Attested Photocopy of the following documents are required)

- S.S.C. Mark Sheet
- H.S.C. Mark Sheet
- College Leaving Certificate
- Caste Certificate (if any)
- Non-Creamy Layer Certificate (if any)
- Caste Validity Certificate (if any)
- Gap Certificate, Eligibility Certificate, Migration Certificate
- Domicile Certificate

I) References : 1) _____

2) _____

IDEAL COLLEGE OF PHARMACY & RESEARCH (B. Pharm)

Application Form No. _____

Date : _____

Received Application form from _____

on date _____