Form	No.	

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							Form	No.	
		f Phar i Borga	maceuti aon (Megh	h Welfare Soc cal Educati le), Wardha 44 8.Pharm/ M.I	on and R 42001			se	
1. Title (Mr./Ms/Mrs)	2.	Surname						14. Paste Recent Attested Photograph DO NOT PIN / STAPLE	
3. First Name									
4. Father's / Husband N	Jame								
5. Mother's Name									
6. Gender (M/F)	7. D	ate of Bi	rth	D) (MM)	(YYYY))			
8. Category SC S	TDT	/J NT			alidity Certi		ailable (Y	(/N)	
10. Whether Claiming an	ny concession	(Y/N), if	f yes under	what category					
11. Address for Commun (In Block Letters onl									
Contact No. w	rith STD] [Conta	ct No. (Mobile))	E-mail ID			
12. Record of Academic	Caraar								
Exam Month & Yea of Passing		Out of	Class % of marks	Exam	Month & of Passing		Marks Obtained	Out of	Class % of marks
S.S.C				B.Pharm. I/II/III					
H.S.S.C				B.Pharm Final					
D.Pharm. I / II				GPAT					
MHT-CET				M.Pharm. ASSO-CET					
Any Other Exam				M.Pharm.					
* Enrolment Number if J 13. List of attached atter 1. Domicile & N 2. S.S.C. Marksl 3. H.S.S.C. Marksl 3. H.S.S.C. Marksl 4. MHT – CET S 5. D. Pharm. I / S 6. B. Pharm. I / S 7. GPAT / M.Ph 8. Sponsorship C 9. M.Pharm. I / S I have read all consideration of submiss information given by me	sted document lationality Cer neet ksheet Score Card II Marksheet II / III / IV Ma arm. ASSO-C Certificate II Marksheet the rules of a sion of applic	s (Please tificate trksheet ET Score dmission ation for	e tick $$) e Card a and on u rm for the	10. Sc 11. Ca 12. Ca 13. Ca 14. Mi 15. Bo 16. Ga 17. Ph 18. Ar nderstanding t admission to _	hool / Colleg ste Certifica ste Validity ste Creamy gration Certi nafide Certi p Certificate ysical Fitnes y other certificate hese rules, 1	te Certifica Layer C ificate ficate e ss Certifi ificate [have f cor the a	ate ertificate icate illed this cademic	applicat year 201	0-2011. The
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