



## Sinhgad Technical Education Society's

## **Smt. Kashibai Navale College of Pharmacy (SKNCOP)**

S. No. 40/4 A, Kondhwa -Saswad Road, Kondhwa (Bk), Pune –411 048 India (Approved by AICTE, Pharmacy Council of India & Affiliated to Savitribai Phule Pune University)

B. Pharm. course accredited by National Board of Accreditation (NBA)

Tele-Fax: +91 - 20-26931322, Email skncop@sinhgad.edu / Web: www.sinhgad.edu

## APPLICATION FORM FOR ADMISSION TO F. Y./ Direct S.Y. B. PHARM ACADEMIC YEAR (20 - 20 )

## **Instructions to Applicant:**

- 1. Please fill the application form in full & block letters only.
- 2. Please tick the appropriate words & strike out whichever is not applicable.

Paste your ID card size recent color photo

| 1. Full Name of the Student:                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Surname) (First N                                | Name) (Father's Name) (Mother' Name)                       |  |  |  |  |  |
| 2. Gender: Male / Female                          | 3. Transgender: Male/Female/Third gender                   |  |  |  |  |  |
| 4. Date of Birth: (DD/MM/YY)                      | 5. Blood Group:  |  |  |  |  |  |
| 6. Caste /Category:                               | 7. Nationality:  |  |  |  |  |  |
| 8. Student's Mobile No                            | 9. Email. :  |  |  |  |  |  |
| 10. Adhar Card No.                                | 11. Bank A/C No  |  |  |  |  |  |
| 12. Bank Name & Branch                            | 13. IFSC Code No(Please provide photocopy of blank cheque) |  |  |  |  |  |
| 14. Parents Mobile No                             | 15. Email:   |  |  |  |  |  |
| 16. Whether belong to Maharashtra State/Outside M | aharashtra State   |  |  |  |  |  |
| 17. Address for Correspondence:                   |  |  |  |  |  |  |
|   | Pin Code   |  |  |  |  |  |
| 18. Permanent Address:                            |  |  |  |  |  |  |
|   | Pin Code   |  |  |  |  |  |
| 19. Name of the Parent/Guardian:                  |  |  |  |  |  |  |
| Address:  |  |  |  |  |  |  |
|   | Pin Code   |  |  |  |  |  |
| Mobile : E Mail :                                 |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

20. Relationship with the Guardian:

| D. Pharm.   | Year of Passing English     | is applicable) Subjects |  | Total<br>Marks          | Percent                          | Name                           | Name of College / Board      |  |                    |  |
|---|-----------------------------|-------------------------|--|-------------------------|----------------------------------|--------------------------------|------------------------------|--|--------------------|--|
| XII Exam  |                             | Physic                  | cs   | Chemistry               | Biology                          | Maths                          | PCE                          | 3 Total  | PCM Total          |  |
| Marks<br>obtained<br>Out of                                       |                             |                         |  |                         |                                  |                                |                              |  |                    |  |
| l. Details of   |                             |                         |  | (MHT-CE                 |                                  |                                |                              |  |                    |  |
| Sr. No.   | DTE Application ID No.      |                         | n  | Year of<br>Passing      |                                  | Marks obtained out o           |                              | t of 200   |                    |  |
| 01  |                             |                         |  |                         |                                  |                                |                              |  |                    |  |
| For Indian Nationals  1. Mark sheet of HSC exam   2. MHT-CET      |                             |                         |  | ІНТ-СЕТ-2               | 017 Score                        | re Card 3. Leaving Certificate |                              |  | ate /TC            |  |
|   |                             |                         |  | MHT-CET-2017 Score Card |                                  |                                |                              | <ul><li>Leaving Certificate / I'C</li><li>Non- Creamy Layer Certificat</li></ul> |                    |  |
|   |                             |                         | Caste Validity Certificate  Domicile Certificate |                         |                                  |                                | . College Allotment letter   |  |                    |  |
|   |                             | Photo copy              |  |                         |                                  | 2. DTE acknowledgement letter  |                              |  |                    |  |
| in Foreigi  | ı Nationak                  | z•                      |  |                         |                                  |                                |                              |  |                    |  |
| For Foreign Nationals:  1. Mark sheet of qualifying exam   2. Sci |                             |                         |  | 2. School               | ol / College Leaving Certificate |                                |                              |  | 3. Resident Permit |  |
|   | 4. DTE Allotment letter 5 I |                         | 5 Passport & Valid Visa                          |                         |                                  |                                | 6. Leave & license agreement |  |                    |  |
| . Mark she  | otment lette                | T                       |  |                         |                                  |                                |                              | agreem   | ent                |  |
| . Mark she  |                             | Г                       |  |                         |                                  |                                |                              | , 0  | e of Parent        |  |
| . Mark she  |                             |                         |  | (FOR O                  | FFICE US                         | E ONLY)                        |                              | , 0  |                    |  |
| . Mark she  |                             |                         |  | (FOR O                  |                                  | E ONLY)                        | of                           | Signature  |                    |  |
| . Mark sheel. DTE Allo<br>Signature of Date:                      | of Student                  |                         |  |                         |                                  |                                | of                           | Signature  | e of Parent        |  |

22. Annual Income (Rs.): \_\_\_\_\_

21. Occupation of Parent: Service / Business