## DATA SHEET for Admission to FY / SY D. Pharm

### Category

1. CATEGORY CODE: 
2. SURNAME
   - FIRST NAME
   - MIDDLE NAME
   - DATE OF BIRTH
3. GENDER

4. PHYSICS MARKS / 100
5. CHEMISTRY MARKS / 100
6. BIOLOGY / MATHS MARKS / 100
   - B
   - M
7. PCB/PCM MARKS / 300

8. HSC TOTAL / 600
9. SSC TOTAL / 650
10. HSC MAHARASHTRA
11. SSC MAHARASHTRA
12. OMS

### Address for Correspondence

<table>
<thead>
<tr>
<th>CITY</th>
<th>PIN</th>
<th>PHONE NO. (Permanent)</th>
<th>PHONE with STD code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Local)</td>
<td>Permanent Mob. No.</td>
</tr>
</tbody>
</table>

### Occupation of Parent

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATED TO PHARMACY / MEDICINE</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

### O.M.S

15° For Admission to S.Y. D. Pharm. only

<table>
<thead>
<tr>
<th>Examination</th>
<th>Marks obtained</th>
<th>Marks (Out of)</th>
<th>Month &amp; Year of Passing</th>
<th>Result ATKT / Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>F.Y. D. PHARM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent

Date: / / 

Signature of Applicant (P.T.O.)
INSTRUCTIONS TO FILL UP THE ADMISSION FORM

(Serial numbers are as per points in data sheet)

Admission form should be completed in all respect. Incomplete form is liable for rejection.

1. Write your category code:

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>00</td>
</tr>
<tr>
<td>SC</td>
<td>10</td>
</tr>
<tr>
<td>NT</td>
<td>20</td>
</tr>
<tr>
<td>VJ</td>
<td>30</td>
</tr>
<tr>
<td>NT 1</td>
<td>41</td>
</tr>
<tr>
<td>NT 2</td>
<td>42</td>
</tr>
<tr>
<td>NT 3</td>
<td>43</td>
</tr>
<tr>
<td>OBC</td>
<td>50</td>
</tr>
<tr>
<td>SCB</td>
<td>60</td>
</tr>
<tr>
<td>Defence</td>
<td>70</td>
</tr>
</tbody>
</table>

1 a. Write religion code:

<table>
<thead>
<tr>
<th>Religion</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>1</td>
</tr>
<tr>
<td>Muslim</td>
<td>2</td>
</tr>
<tr>
<td>Christian</td>
<td>3</td>
</tr>
<tr>
<td>Boudha</td>
<td>4</td>
</tr>
<tr>
<td>Sikh</td>
<td>5</td>
</tr>
<tr>
<td>Parsi</td>
<td>6</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
</tr>
</tbody>
</table>

2. Write Name of the applicant in BLOCK letters.
3. Write M for Male and F for Female.
4. Write Physics Marks out of 100 at HSC or equivalent examination.
5. Write Chemistry Marks out of 100 at HSC or equivalent examination.
6. Write Biology Marks out of 100 at HSC or equivalent examination.
7. Write PCB total out of 300 at HSC or equivalent examination.
8. Write HSC (or equivalent) Total Marks out of 600.
9. Write SSC (or equivalent) Total Marks out of 750.
10. Have you passed standard Xth from Maharashtra State? Write Y for Yes and N for No.
11. Have you passed standard Xth from Maharashtra State? Write Y for Yes and N for No.
12. Have you passed standard Xth from Out of Maharashtra State? Write Y for Yes and N for No.
13. Write your complete address for correspondence.
14. Service: 01
15. Business: 02
14A. If Business is related with Pharmacy / Medicine: P
15* For the Students seeking admission to S.Y. D. Pharm. only.

FOR OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Admission Round:</th>
<th>Allocation No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>App No.:</th>
<th>Name:</th>
<th>Category Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OMS</th>
<th>Document (Originals)</th>
<th>Admitted To:</th>
<th>Year D. Pharm.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. HSC Mark Sheet
3. Leaving Certificate
4. Caste Certificate
5. S.S.C. Mark Sheet
6. Caste validity Certificate
7. D.Pharm Mark Sheet
8. Not Admitted to:

Fees Paid: Receipt No.: Amount: Principal
FOR OFFICE USE ONLY:

Scrutiny of the Applicant:

a) Name of the Candidate:

b) Application No. & Date:

c) Male / Female:

d) Category:

e) P.C.B. Marks:
(out of 300)

f) Aggregates:
(out of 600)

g) MS / OMS:

h) Merit No.:

i) Contact Phone No.:
STD Code
Ph. No.

j) Document Enclosed:
(Attested Copies)

1 2 3 4 5 6 7 8

Date Entered by

Checked / Verified by

Principal

ACKNOWLEDGEMENT

Received application form for admission to F.Y. / S.Y. D.Pharm. for the academic Year

from Mr. / Miss.

Application No.

Document Enclose: (attested copies)

1) H.S.C. Mark Sheet
2) Nationality / Domicile Certificate
3) Leaving Certificate
4) Caste Certificate
5) S.S.C. Mark Sheet
6) Caste Validity Certificate
7)
8)

Date:

Seal

Receiver Signature