



PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNATH SABLE
COLLEGE OF PHARMACY, SASWAD
TAL. PURANDAR, DIST.: PUNE - 412301.



Approved by –
All India Council for Technical Education (AICTE)
Pharmacy Council of India (PCI) and Govt. of Maharashtra
Affiliated to University of Pune.

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Received on : _____

Application No. :

FOR OFFICE USE ONLY
(Not to be filled by Candidate)

Sr. No.	SUBJECTS	MARKS OBTAINED			OUT OF		
1	Detail about MA-MPH-CET Examination 201						
2	Detail about GPAT Examination 201						
3	Grand total of Final Year Examination (B.Pharmacy)						
4	Grand total of Diploma in Pharmacy Examination (If applicablç)						
5	Category of Candidate						

Please affix here
recent passport
size photograph.

APPLICATION FOR ADMISSION TO FIRST YEAR MASTER IN PHARMACY (F.Y.M.PHARM) 201 -201

- NOTES : 1) Please fill the application form in full, and Block letters only.
2) Please strike out at asterisk mark *the unnecessary words, whichever is not applicable.
3) Please submit the application form to the Authorized person in the office.

To,
The Principal,
Pune District Education Association's
Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune
Sir,

I request you to kindly consider my candidature for admission to First Year MASTER IN PHARMACY (F.Y.M.Pharm) at your institution. I am submitting herewith all the necessary details and documents.

1. Name in full _____
(Surname) (First Name) (Father's Name) (Mother's Name)
2. Male/ Female M F
3. Date of Birth
D D M M Y Y Y Y
4. Whether Maharashtra Yes No
5. If NOT the name of the state _____
or Union territory of domicile

6. Nationality Indian

Yes	No
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If not _____

Name of Country _____

(Copy of Proof should be attached)

7. Permanent address _____

8. Address for correspondence _____

9. Name of the Parent _____

10. Relationship with the Parent _____

11. The name of qualifying examination _____

12. Name of University _____

13. Details of B.Pharm. Examination

Year	Name of Degree	Name and address of college(s)	Class Obtained	Percentage of marks obtained

14 A) Details of GPAT Examination

Year of passing	Percentile / Score	All India Rank

14 B) Details of MA-MPH-CET 201 Examination

Year of passing	Score	Rank

14 C) Details of Diploma in Pharmacy Examination : (If applicable)

Month and Year of passing	Name and Address of College	Passed from Maharashtra Yes/ No	Total Marks	% marks secured and class obtained

15 Details of professional Experience (After B.Pharm)

Sr. No.	Name of Organisation	Designation	Time Period

16 Selection of subject for M.Pharm. (Please Write preference o. against Subject mentinoed below)

1) Pharmaceutical Chemistry 2) Pharmaceutics 3) Pharmacology

17 Annual Income of Parent : _____ 18. Occupation of Parent _____

19 Aadhar Card No. of Candidate _____

20 Category of candidate (Please mark where applicable)	OPEN	SC	ST	DT	NT1	NT2	NT3	SBC	OBC	Other

21 Name of the Religion & Caste _____

22 Whether represented the institution in sports / games YES / NO

23 Name of Events _____

24 Whether represented the institution at District / National / International level YES / NO

25 Whether Non-Resident Indian If yes copy of the proof be attached YES / NO

26 Whether Hostel Accommodation is required (Only for Female) YES / NO

27 DECLARATION BY THE CANDIDATE

- (i) I hereby solemnly declare that I have read all the Rules of admission to the Master degree in Pharmacy. I have consulted my parent and I have filled this application after fully understanding the rules.
- (ii) I declare that I have not been debarred from studying in any school or college or appearing in any examination during the period of my proposed studies.
- (iii) The information furnished by me in this application is true to the best of my knowledge and belief.
- (iv) I fully understand that no document other than those attached to this application form will be entertained for the purpose of any claim for priority for admission.
- (v) I hereby agree to confirm to the instructions, Rules of University of Pune and those of the institution also the Acts and laws enforced by the government.
- (vi) I hereby undertake that I shall pursue the studies and shall not do anything inside or outside the institution which may result in disciplinary action against me.
- (vii) I understand that the admission being given to me on my claim on reservation, if any is provisional and same will be cancelled if the said claim is rejected by the any Competent Authority.
- (viii) I fully understand that the Principal of the college will have full liberty to expel/ rusticate me from college for any infringement of the rules of conduct and discipline prescribed by the college / university (If any) and the undertaking given above.
- (ix) Antiragging: As per AICTE, PCI and UGC regulations on curbing the menace of ragging in educational Institutions-2009 constituted by UGC in exercise of the power conferred by clause (9) of sub section(1) of section 26of UGC Act, 1956, ragging is totally banned in the institution and anyone found guilty of ragging and /or abetting ragging is liable to be punished appropriately as per section 8 of the Act. The applicant is required to fill up & sign the undertaking attached herewith or fill and submit and online antiragging undertaking on website <https://antiragging.in> to be the effect that he/she is aware of the law regarding prohibition of ragging as well as punishment to the effect that he/ she has not been expelled and /or debarred from admission by any institution and that he/she, if found guilty of the offence of ragging and / or abetting ragging is liable to be punished appropriately.
- (x) Total Number of Certificates attached with the application form are _____

Place : _____

Date : _____

Signature of the Candidate

28. DECLARATION BY THE PARENT

- (i) I have studied the Rules of admission and agree to same.
- (ii) The particulars furnished by ward are true to the best of my knowledge.
- (iii) I undertake and bind myself to pay within due date on behalf of my ward such fees, charges and the dues as levied by the authorities from time to time.
- (iv) I will take care that my ward, behaves properly and does nothing except in the interest of his studies.

Place : _____

Signature : _____

Date : _____

Name of the Parent : _____

SCRUTINY FORM

(Not to be filled by Candidate)

(Write Yes, No, or N.A.(Not Applicable) wherever applicable under the column remarks for scrutiny)

Sr.No.	COPIES OF CERTIFICATES	REMARKS FOR SCRUTINY
1	Score Card of MA-MPH-CET 201 (If applicable)	
2	Score Card of GPAT (If applicable)	
3	Sponsor letter (If applicable)	
4	Experience Letter (If applicable)	
5	Final Year B.Pharm Mark Sheet	
6	College Leaving Certificate / Transfer Certificate	
7	Migration Certificate (If applicable)	
8	Nationality & Domicile Certificate	
9	Cast Certificate of SC/ST/DT/NT1/NT2/NT3/OBC/SBC (If applicable)	
10	Cast Validity Certificate of SC/ST/DT/NT1/NT2/NT3/OBC/SBC (If applicable)	
11	Non creamy layer certificate valid for the current year (If applicable)	
12	Medical fitness certificate of physically handicapped (If applicable)	
13	Certificate of NRI (if applicable)	
14	Photo copy of Passport (in case of Foreign Nationals)	
15	Certificate of Annual Income of Parent (If applicable)	
16	Xerox of Aadhar Card of Candidate	

Date : _____ Signature of scrutiniser : _____

Place : _____ Name of scrutiniser : _____