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ADMISSION FORM ACADEMIC YEAR-2019-2020



For Admission to B. Pharm					For Admission to M. Pharm	
F. Y	Direct S. Y	S. Y	T. Y	Final	First Year	Second Year

NMU PRN NO. - _____

To Be Filled By the Student

1. Full Name of applicant _____

(In Block Letter)

(Surname)

(First Name)

(Fathers Name)

2. Date of Birth (DD/MM/YY): / /20

3. Gender: M/F

4. Parents/Guardian Name: _____

5. Mothers Name: _____

6. Address (Permanent): _____

Pincode: _____ Taluka: _____ Dist: _____ State: _____

7. Address (For Corrospondance): _____

Pincode: _____ Taluka: _____ Dist: _____ State: _____

Phone: _____ Mobile: _____ Email: _____

8. Blood Group: _____ 9. Physically Handicapped (Yes/No): _____

10. Admitted through (CAP/Institute level): _____ 11. Son/Daughter of Defense Service personnel: Y/N

11. From Reserved category (Yes/No): _____ Tick: SC/ST/VJ/DTD/NT-A/NT-B/NT-C/NT-D/OBC/SBC/etc.

12 Religion: _____ 13. Nationality: _____ 14. Domicile State: _____

14. Educational Details (To be filled during FY/Direct SY/SY/TY/FINAL B. Pharmacy admissions only):

Examination	SSC	HSC	HSC marks group wise		HSC Marks Subject wise				D. Pharmacy
			PCB	PCM	Physics	Chemistry	Biology	Math	
Marks Obtained									
Out of marks									

Examination	Percentage Marks (%)	Year of Passing	Class Obtained	Board / University
SSC				
HSC				
D. Pharm				
F.Y./S.Y./T.Y. B.Pharm				
F.Y.M. Pharmacy				

15. Name of the last examination of B. Pharmacy/M. Pharmacy appeared for: _____

16. Marks secured in last examination of B. Pharmacy/M. Pharmacy: Marks Obtained _____ Out of _____

17. If result of B. Pharm/M. Pharm is in A.T.K.T specify the subject failed:

a) _____ b) _____ c) _____

1. Educational Details (To be filled during M. Pharmacy admissions only):

Examination	Percentage Marks (%)	Year of Passing	Class Obtained	Board/University
SSC				
HSC				
B. Pharm				
GPAT				

18. Documents attached with the admission form-

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Place :

Date : / /20

Signature of Student

Undertaking

I _____ the undersigned person state that my pupil shall at all times be of good behavior, show diligence in studies, maintain decorum and dignity, take proper interest in co-curricular activities and observe all rules of discipline of the Institution of which he is a student of the University. When my pupil has been guilty of breach of discipline within or outside the precincts of the University or an Institution or persistent idleness or has been guilty of misconduct or has been guilty of involved in ragging, the Head of Institution at which my pupil is studying, may according to the nature and gravity of the offence-

- (a) Suspend my pupil from attending classes, or (b) Expel my pupil from his Institution, or (c) Disqualify my pupil from appearing at the next ensuing examination, or (d) Rusticate my pupil. The head of the institution shall have the power to suspend my pupil for such time as may be necessary from the institution till pending enquiry in to his conduct in connection with an alleged offence.
- (b) I know that the admission to the _____ B. Pharm/M.Pharm will be confirmed only after paying full fees. If on request installments for the fees are allowed by the institute, the due fees will be cleared before the expiry of deadline provided.
- (c) I am also aware that for getting different Government Scholarships (State or Central) and for qualifying for filling University Examination form the attendance in Theory & Practicals individually in respective semester will be 75% / 80%. (For F.Y. B. Pharm & F.Y. M. Pharm New PCI Syllabus Batches.)

Place :

Date : / /20

Signature of Parent / Guardian

For Office Use Only

Physics Marks: Chemistry Marks: Biology Marks: Maths Mark:

PCB Total: PCM Total: D. Pharmacy Marks: B. Pharmacy Marks:

MHT-CET Marks (Percentile if any): GPAT Score :

All the entries are verified as per the mark sheets/Score cards submitted by the candidate at the time of admission to prove his eligibility for the admission.

Signature of Verifying Authority/Clerk

Certificate

This is to certify that Mr/Ms/Mrs _____ has been admitted to F.Y/Direct S.Y/S.Y/T.Y/Final B. Pharmacy/ M. Pharmacy Ist Year/ M. Pharmacy IInd Year for the academic year 20 -20 .

Date: / /20

Principal