Shri. Balasaheb Mane Shikshan Prasarak Mandal, Ambap's



## Ashokrao Mane Institute of Diploma in Pharmacy, Peth Vadgaon

Tal. Hatkanangale, Dist. Kolhapur, Maharashtra – 416112

Phone : 0230-2472081 Website : www.copdp.in

	Admi	ssion Form	n			
Admission Round : I/ II/III	Da	ate of Admission :	1	/ 20		
Application ID :					Photo	
Student Name (As per HSC) :					1 11010	
Class : First Year D.Pharm.						
Seat Type : Open / SC / ST / VJN	Г / OBC / SB	C / TFWS / EWS /	PWD			
PERSONAL INFORMATION	:					
Gender : Male / Female / Other	Marital Stat	us: Married / Uni	married		Student's Sign.	
Date of Birth :	Place of Birth :			Nationality :		
Religion :	Caste :			Sub-caste :		
Aadhar No. :	Mobile No. :			Email :		
Father's Name :				Mobile No.	:	
Mother's Name :				Mobile No.	:	
Scholarship : Eligible for Scholarship	p – Yes/No	EBC / SCHO	LARSH	IP / FREES	HIP / MINORITY	
PWD : Yes / No	If Yes menti	on disability with	%			
Would you Like to Apply For :	uld you Like to Apply For : Hostel : Yes / No			Transport	: Yes / No	
Permanent Address :	Address : Address for Corresponden			pondence :		
ACADEMIC RECORD :						

## Year of Total Obtained % of S.N. Class Board Passing Marks Marks Marks SSC 1 HSC (Total) Physics Chemistry 2 Biology Maths PCB PCM

ATTACHED DOCUMENTS AND CERTIFICATES SECTION					
Sr.No.	Name of Docu	Name of Document / Certificate		Attested copy	
1	Institute Conf	ïrmation letter			
2	Latest Leavin	g Certificate/Transfer Certificate			
3	HSC Mark sheet				
4	SSC Certificate				
5	5 SSC Mark sheet				
6	Caste Certific				
7	Caste Validity				
8	Non-creamy I				
9	<b>Domicile Cert</b>				
10	Gap Certifica				
11	Other State M				
12	Defense Certi				
12	Aadhar Card Xerox				
13	FC- Confirmation Letter				
14	Allotment letter				
15	5 Seat Acceptance Letter				
16	Income Certificate				
17	17   Photos 6 copies				
		<b>Declaration by Student</b>			
I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is correct and true to the best of my knowledge. I Will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will NOT be granted and / or admission will stand cancel. I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act. Place :					
Date : Signature of the Student Declaration by Guardian					
I have permitted my son/daughter/ward to join your college. The information supplied by him / her is correct to the best of my knowledge. I have acquainted myself with rules and fees, dues to my son/daughter/ward and to see that he/she observes. Place :					
Date : Signature of the Guardian					
FOR OFFICE USE ONLY Designation Remarks / Particulars / Recommendations Signature					
	esignation Remarks / Particulars / Recommendations			Signature	
Admission Clerk Admission form Checked					
Cashier Cash / Fee Received					
Office Superintendent Admission Form Verification & Fee checked					
Principal All over verification					