



PRIN.K.M.KUNDNANI COLLEGE OF PHARMACY MUMBAI

APPLICATION FORM FOR INSTITUTE LEVEL ROUND FOR FIRST YEAR MASTER OF PHARMACY FOR ACADEMIC YEAR 2021-22

1. Full Name of the Candidate: Mr./Ms. _____
(IN BLOCK LETTERS) (Surname) (First Name) (Fathers Name)

Mothers Name: _____

2. Sex M F Date of Birth: DD MM YYYY

Birth Place: _____ State: _____

3. Domicile of (i) Candidate: _____ Nationality: _____

Mother Tongue : _____ Religion: _____ Caste _____

Whether belong to: OPEN / SC / ST / VJ / NT1 / NT2 / NT3 / OBC / SBC /
(√) (Tick, whichever is applicable) SEBC / MI

3. Address for Correspondence : _____

Tel. No. _____ Mobile No. _____ Email _____
Alternate mobile No. _____

4. (A) Name of the College
Last attended by the candidate
and year of leaving it.
With its complete address

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5. Details of the Qualifying examination (B.PHARM and) passed:

Examination	College	University	Month & Year	Marks Obtained	Out of	Class	%	No. of Attempts
B.PHARM								
GPAT								

Note: Please attach the attested Xerox copies of mark sheets of above examination

6. Courses of Study Master of Pharmacy (M.Pharm. and Subjects of Specialization proposed to be pursued (Give in order of preference)

Name of the course	SUBJECTS				
	Master of Pharmaceutical Science	Pharmaceutics	Pharm. Chemistry.	Pharmacognosy	Pharm. Analysis
Preference (Assign Nos branchwise)					

7. The account of interval, if any, not covered by the above mentioned record of academic career is accounted for as under:

8. (a). Whether recipient of financial aid if any form from any source (Give details) _____

(b) Whether applied for financial help anywhere (Give details) _____

9. Whether applied for admission elsewhere? If yes, give details _____

Declaration to be signed by the candidate :

I _____ declare that,

(Full name of the candidate)

I have read all rules of admission for the current year and after understanding these rules, I have filled in this form of application for admission for the current year.

The Information given by me in my application is true to the best of my knowledge and belief.

I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India.

I understand that no other document other than those attached to the application form will be entertained for the purpose of Claims / Concessions etc. in connection with my admission.

I fully understand that the Principal of Prin.K.M.Kundnani College of Pharmacy where I may be admitted will have full liberty to expel / rusticate me from the college for any infringement of the rules of conduct and discipline prescribed by the College / University / Maharashtra State Govt. / DTE, Maharashtra State. (if any) and the undertaking given above.

Place & Date

Signature of the Candidate

Total Number of Certificates attached with application form _____

List of Certificates Enclosed:

- | | |
|--|--------|
| i) Attested copy of B.Pharm Marksheet.(First to Final) | YES/NO |
| ii) Attested copy of leaving certificate of Std.XII | YES/NO |
| iii) Attested copy of GPAT -2021 score card | YES/NO |
| iv) Birth Certificate Photocopy | YES/NO |
| v) Domicile Certificate Photocopy | YES/NO |
| vi) Caste documents | YES/NO |
| vii) Final merit list status | YES/NO |