

PRIN.K.M.KUNDNANI COLLEGE OF PHARMACY MUMBAI

APPLICATION FORM FOR INSTITUTE LEVEL ADMISSION TO (Direct S.Y.B.PHARM.) (2024-25)

D:	SP No				
Maharashtra Merit No		All India Merit No			
1.	Full Name of the Candidate: Mr./Ms(IN BLOCK LETTERS) (Surname				
	Mothers Name:				
2.	Sex M F Date of Birth: DD		YYY		
	Birth Place:	State:			
3	B. Domicile of (i) Candidate:	Nationality:			
	Mother Tongue :Reli	gion:C	aste		
4.	Whether belong to: OPEN / SC / $(\sqrt{\ })$ (Tick, whichever is applicable) SE Address for Correspondence :				
	Tel. No Mobile No Parents mobile No	Email Parents email ic	i :		
5.	(A) Name of the School / Jr. College Last attended by the candidate and year of leaving it. With its complete address				

7.	Details of the (Qualifying	examination	(Std XII)	passed:
----	------------------	------------	-------------	-----------	---------

Month & Year of Passing	Name & Address of Institution	Passed from Maharashtra (Yes/ No) if Yes give details

	English	Physics	Chemistry	Biology	Mathematics	Remaining subject	Total Marks Secured
Marks Obtained							
Out of							

8. Details of Passing Diploma Examination in Pharmacy (Wherever applicable) Whether Institution approved by PCI: YES /NO

Class	Month & Year of Passing	Name & Address of Institution	Total Marks Secured out of		% marks secured & class obtained
First Year			1	1100	
Second Year			1	1000	

10. Details of Standard X Examination passed:

Month & Year of Passing	Name & Address of Institution	Passed from Maharashtra Yes/ No Other State give details						

Total Marks Obtained	Out of	Science Subjects		Mathematics		Aggregate
		Total Marks	Out of	Total Marks	Out of	

11. Any other Examination (Give Details	s) <u>:</u>
Year of Studying:	_Year of Passing :

12. Declaration to be signed by the candidate:

(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

16. List of Certificates Enclosed:

i)	Attested copy of Std X. Marksheet.	YES/NO
ii)	Attested copy of Std. XII Marksheet.	YES/NO
iii)	Attested copy of leaving certificate of Diploma College	YES/NO
iv)	Attested copy of F.Y. Diploma score card (Mark sheet)	YES/NO
v)	Attested copy of S.Y. Diploma score card (Mark sheet)	YES/NO
vi)	Birth Certificate	YES/NO
vii)	Domicile Certificate	YES/NO
viii)	Xerox copy of SC verification documents	YES/NO