

DTE CODE: 03015

PRINCIPAL K. M. KUNDNANI COLLEGE OF PHARMACY

(GOVT. AIDED, PCI APPROVED, ACCREDITED BY NBA & AFFILIATED TO UNIVERSITY OF MUMBAI)
Plot No. 23, Jote Joy Building, Rambhau Salgaonkar Road, Cuffe Parade, Mumbai-400005.
Website: https://kmkcp.edu.in



UNAIDED SECTION



APPLICATION FORM FOR INSTITUTE LEVEL ADMIS	SION TO
UNDERGRADUATE PROGRAMME IN PHARMACY (B.PH	ARM.)(2024-25)

AIDED SECTION

1.	Full Name of the Candidate: Mr./Ms. (IN BLOCK LETTERS) (Surname) (First Name) (Father's Name)
	Mother's Name:
2.	Sex M F Others Date of Birth: DD MM YYYY
	Birth Place: State:
	Mother Tongue of Parent (a) Father: (b) Mother:
	Religion: 2 (a) Caste
	Whether belong to: OPEN / SC / ST / VJ / NT1 / NT2 / NT3 / OBC / SBC / Sindhi
	Minority/Maratha Whether EBC: Yes / No $(\sqrt{\ })$ (Tick, whichever is applicable)
	Aadhaar Card No. :
3	(a) Have you appeared for MHT- CET-2024 YES NO
Mŀ	H CET score : NEET Score
All	India Rank : All India Rank :
Sta	ate Rank :
4 1	Name of the Father / Guardian :
	B. Mobile No Email ID:
	C. Relationship of Guardian with Candidate:

5 Present	Address	of the Fa	ther / Gua	ardian :	:	_				
B. Peri	manent A	ddress of	f the Fath	er / Gu	ıardiar	า:				
Oce	cupation:									
Doi	Domicile of (i) Candidate:					(ii) Father / Mother:				
6 Nat	tionality *	In	dian Resident	: [NRI		Foreign Nationa	.		
* (√) T	ick whate	er applic	cable				reationa	·		
7 General Information (i) No. of Family members ** (Excluding the candidate) :										
(ii) No.	of Earnin	g membe	ers in the	family	_					-
(iv) To	tal Family	Annual I	ncome in	Rupe	es					_
8 (A). Details of the Qualifying examination (Std XII) passed:										
XIIth Std	English	Physic	cs Che	mistry	Biolo	ogy	Mathemat	ics	Other subject	Total Marks Secured
Marks Obtained										
Out of										
Month & Year of Passing Passed from Maharashtra Yes/ No										
Name & A	Name & Address of Institution									
8 (B) [Details of S	Standard	X Exami	nation	passe	d:				
	X	(th Std	English	Scie Subj		Ma	athematics	Ag	gregate	
		arks btained								
		ut of								
Month & Y	└─ ⁄ear of Pa	ssing		P	assed	froi	m Maharas	htra	Yes/ No _	
Name & A	ddress of	Institutio	on				_			
Declaration to be signed by the candidate :										

	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

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 Std.XII	YES/NO
iv)	Attested copy of MHT-CET-2024 score card (Mark sheet)	YES/NO
v)	Attested copy of NEET-2024 score card (Mark sheet) if applicable	YES/NO
vi)	Birth Certificate	YES/NO
vii)	Domicile Certificate	YES/NO
viii)	Copy of caste documents	YES/NO
ix)	Final Merit List Status printout	YES/NO
x)	Acknowledgement form of FC verification	YES/NO