

Application ID CAP : MPH _____



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>



Email id : kmkcp@rediffmail.com Phone No. 022-22164368

DTE CODE : 3015

**APPLICATION FORM FOR INSTITUTE LEVEL ADMISSION TO
 POSTGRADUATE PROGRAMME IN M.PHARMACY (M.PHARM.)(2024-25)**

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
 (✓) (Tick, whichever is applicable)

Aadhaar Card No. : _____

3 (a) Have you appeared for GPAT YES NO

GPAT score : _____ GPAT Percentile _____

GPAT 2024 Rank : _____

4 Name of the Father / Guardian : _____

B. Mobile No. _____ Email ID: _____

C. Relationship of Guardian with Candidate: _____

5 Present Address of the Father / Guardian : _____

B. Permanent Address of the Father / Guardian: _____

Occupation: _____

Domicile of (i) Candidate: _____ (ii) Father / Mother: _____

6 Nationality *

Indian Resident

NRI

Foreign
National

* (√) Tick whatever applicable

7 General Information

(i) No. of Family members ** (Excluding the candidate) : _____

(ii) No. of Earning members in the family _____

(iv) Total Family Annual Income in Rupees _____

8 (A). Details of the Qualifying examination (B.Pharm.) passed:

XIIth Std	SEM I	SEM II	SEM III	SEM IV	SEM V	SEM VI	SEM VII	SEM VIII
Marks Obtained/SGPA								

Final CGPI _____

Month & Year of Passing _____ Passed from Maharashtra Yes/ No _____

Name & Address of Institution _____

9 M.Pharm.Subject Preference:

Preference 1: _____

Preference 2: _____

Preference 3: _____

Preference 4: _____

Preference 5: _____

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

List of Certificates Enclosed:

- | | | |
|-------|----------------------------------------------------|--------|
| i) | Attested copy of Sem VIII 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 GPAT 2024 score card (Mark sheet) | YES/NO |
| v) | 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 |