

Application ID CAP : DSP \_\_\_\_\_



**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 : [www.kmkcp.edu.in](http://www.kmkcp.edu.in)

Email id : [kmkcp@rediffmail.com](mailto:kmkcp@rediffmail.com) Phone No. 022-22164368



DTE CODE : 03015

AIDED SECTION

☐

UNAIDED SECTION

☐

**APPLICATION FORM FOR INSTITUTE LEVEL ADMISSION TO**  
**(Direct S.Y.B.PHARM.) (2025-26)**

DSP No. \_\_\_\_\_

Maharashtra Merit No. \_\_\_\_\_ All India Merit No. \_\_\_\_\_

1. Full Name of the Candidate: Mr./Ms. \_\_\_\_\_  
(IN BLOCK LETTERS) (Surname) (First Name) (Father's Name)

Mother's Name: \_\_\_\_\_

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

Birth Place: \_\_\_\_\_ State: \_\_\_\_\_

Mother Tongue of Parent (a) Father: \_\_\_\_\_ (b) Mother: \_\_\_\_\_

Religion: \_\_\_\_\_ 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. : \_\_\_\_\_

ABC ID : \_\_\_\_\_

3. Nationality \*

☐ Indian Resident

☐ NRI

☐ Foreign  
National

\* (✓) Tick whatever applicable

4. Address for Correspondence : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Parents mobile No. \_\_\_\_\_ Parents email id : \_\_\_\_\_

5. (a) Have you appeared for Final Year Diploma Exam : Yes / No

5. (b). Details of the Qualifying examination (Diploma in Pharmacy) passed:

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

Percentage secured : \_\_\_\_\_

Final Merit Rank : \_\_\_\_\_

5. (c). Details of the Qualifying examination (Std XII) passed:

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

XIIth Std	English	Physics	Chemistry	Biology	Mathematics	Other subject	Total Marks Secured
Marks Obtained							
Out of							

5.(d). Details of Standard X Examination passed:

Month & Year of Passing	Name & Address of Institution	Passed from Maharashtra Yes/ No

Xth Std	English	Science Subjects	Mathematics	Aggregate
Marks Obtained				
Out of				

5. (e) Any other Examination (Give Details):

Year of Studying: \_\_\_\_\_ Year of Passing : \_\_\_\_\_

6. 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 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