



Form Fee: Rs. 500/-

	K. B. H. S. S. TRUST'S INSTITUTE OF PHARMACY Bhaygaon Road, Malegaon Camp, Dist. Nasik Pin-423105. Ph. (02554)250796 E-mail: kbh_pharma@yahoo.co.in		College code	Photo
	Course admitted to	Division:	Form No: 128	
Admission Date:				
Important Instructions to students:			Student should sign strictly inside this box only with black ink	
1. Use black ink to fill in the form and Do NOT overwrite.				
2. Fill in all fields in CAPITAL letters only.				
3. Fill in all fields in CAPITAL letters only.				
Course Applied for (D. Pharmacy/ B. Pharmacy/ M. Pharmacy)				
Applying for Concession <input type="checkbox"/> EBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NT <input type="checkbox"/> VJ <input type="checkbox"/> OBC <input type="checkbox"/> SBC <input type="checkbox"/> OPEN <input type="checkbox"/> Freedom Fighter <input type="checkbox"/> Ex Service Man				
PERSONAL INFORMATION:				
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Name of the Student: (In case of changed name, write current name)				
Name of the Student: (In Devnagari script)				
Name of the Student as printed on Std. 10 Mark sheet (write the name as it should appear on the mark sheet)				
Father's/Husband's Name:				
Mother's Name:				
Previous name of the Student: (In case of changed name)				
Reason for name change: Willingly / After Marriage	Marital Status: Unmarried/ Married/ Divorced/ Widowed / Deserted			
Date of Birth:	Gender: Male/ Female			
Place of Birth:				Blood Group:
Religion:			Nationality:	
Permanent Address				
Tehsil:	District:	City/Town		
State:			Pin code	
Contact details	Phone #1	Phone #2		
Mobile no	+ 91	Email		

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Mobile no		+ 91		Email			

OTHER DETAILS OF CANDIDATE:

How many Brothers /Sisters	Brothers	Elder		Younger	
Hobbies, Proficiency and other interest	Sisters	Elder		Younger	
Personal Identification mark					
Major illness or operation issues/ Care to be taken about					
Do you know any student/faculty/staff of this college (Name the person & write relation)	Name				Relation
Name of games and sports participated in school/colleges					
Name of Scholarship received in previous year				User ID of last scholarship	

GUARDIAN INFORMATION SECTION

Guardian's Name:	
Occupation of the Guardian: Service / Business / Profession / Farmer / Labourer / Retired	Annual Income of the Guardian (Rs.): (Last financial year)
Relationship of guardian with applicant:	Phone No.:

LEGAL RESERVATION INFORMATION SECTION

Domicile of state: Other state specify:	Maharashtra	Category: Open/ Reserved	If Reserved: SC/ ST/ DT(A) / NT(B) / NT(C)/ NT(D) / OBC/ SBC
Caste:	Sub caste	If Physically Challenged: Visually Impaired / Speech and/or Hearing Impaired / Orthopedic Disorder/ Mentally Retarded	

SOCIAL RESERVATION INFORMATION SECTION

[Check (√) whichever is applicable, write name of supporting document attached,]

Ex-Serviceman/ Ward of Ex- Serviceman		Member of Project Affected Family	
Active-Serviceman/Ward of Active-Serviceman		Member of Earthquake Affected Family	
Freedom Fighter/Ward of Freedom Fighter		Member of Flood / Famine Affected Family	
Ward of Primary Teacher		Resident of Tribal Area	
Ward of Secondary Teacher		Kashmir Migrant	

BANK DETAILS: (For Category scholarship and/EBC Holders)

Nationalized Bank Name:				
Nationalized Bank Branch		IFSC Code		MICR Code
Nationalized Bank Acc Number				

EDUCATIONAL DETAILS SECTION [Write 'YES' in last column, against the qualifying examination, on the basis of which you are seeking admission to the said Program / Course. Write NO in front of other examinations]

Last College Attended:					Year:	Roll No/PRN:		
Name of Examination	Name of Board / University	Name of School / College	Year & Month of Passing	Examination Seat No. (If Any)	Marksheet Statement No.	Grade /Total Marks Obtained	Out of	Qualifying Examination ? (YES/NO)
Std 10 th (Details are mandatory)								
Std 12								
Other								

ENTRANCE EXAM DETAILS:

Name of Examination		
Application ID Number /Roll No.		
Score Card Number		
Total Merit Score	PCB =	PCM =
Seat category		
Merit Number		

DOCUMENTS/CERTIFICATES ATTACHMENT:

Sr. No.	Name of Document/Certificate	Attached (Yes / No)
1	Mark sheet of Std 10th	
2	Mark sheet of Std 12th	
3	Leaving Certificate	
4	Certificate of Caste with Category	
5	Caste Validity Certificate	
6	Non Creamy Layer Certificate	
7	Affidavit for changed name/ Marriage Certificate / Govt. Gazette	
8	Domicile Certificate/Birth Certificate	
9	Certificate for Physically Challenged	
10	Aadhar Card	
11	Nationality Certificate	
12	Gap Certificate if any	

DECLARATION:**Declaration by Student**

I hereby declare that I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel.

I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said

Act.

Place:

Date:

Signature of the Student

Declaration by Guardian

I have permitted my son/daughter/ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.

Place:

Date:

Signature of the Guardian

(FOR OFFICE USE)

1. Name in Full: _____

2. Choice of Course:

3. SEX: Male / Female

4. Category: SC/ST/VJ/NT-1/NT-2/NT-3/OBC/SBC/OPEN

Admission granted / Admission not granted

Verified by _____ **Principal** _____

Aspirant can directly submit admission form to the respective Institute(s) mentioned or can process through Centralized Admission.