



Shri Yashwant Shikshan Prasarak Mandal's

Vasantidevi Patil Institute of Pharmacy, Kodoli

(Recognized by PCI, AICTE, DTE & Govt. of Maharashtra, Affiliated to Shivaji University, Kolhapur)

Tal: Panhala, Dist: Kolhapur (M.S.) – 416114, Ph: 02328-223341

Provisional Registration cum Admission Form

To,

The Admission Authority

Shri Yashwant Shikshan Prasarak Mandal's
Vasantidevi Patil Institute of Pharmacy,
Kodoli.

PHOTO

I the undersigned, apply for admission to _____ year D. Pharm/ B.
Pharm/ Direct Second Year B. Pharmacy in the academic year _____.

1. Name of the student (IN BLOCK LETTERS)

Surname _____
First name _____
Father's / husband's name _____
Mother name _____
Full name in devanagari (Marathi) _____

2. Personal details

| | | | |
|-------------------|-------|-------------------------------|-------|
| 1. Gender : | _____ | 2. Caste: | _____ |
| 3. Date of birth: | _____ | 4. Category: | _____ |
| | | (Open/ST/SC/OBC/SBC/NT) | |
| 5. Religion: | _____ | 6. Blood group: | _____ |
| 7. Email Id : | _____ | 8. Student Mobile No : | _____ |
| 9. AADHAR : | _____ | 10. PAN : | _____ |
| 11. Nationality : | _____ | 12. Place of birth: | _____ |
| 13. Mother | _____ | 14. Marital status | _____ |
| tongue: | | | |
| 15. Occupation of | _____ | 16. Annual income of father / | _____ |
| father/ | | guardian | |
| guardian: | | | |
| 17. Contact no of | _____ | 18. Email of father / | _____ |
| father / | _____ | guardian: | |
| guardian | | 19. Candidate is physically | _____ |
| | | handicapped? | |

| | |
|--|---|
| Permanent address: Phone no: _____ | Residing address: Phone no: _____ |
|--|---|

Academic Details of Candidate:

| Students is taking admission to First year B. Pharm/D. Pharm/ Direct Second Year B. Pharm | | | | | | | | | | |
|---|-----------------|-------------------|------------------------------|-------------|------------|-------|------|-------|------|-----------------------|
| Education | Year of passing | Name of the Board | Name of the School / College | Total marks | % of marks | Marks | | | | (PCM/PCB/P CMB) Total |
| | | | | | | Math. | Phy. | Chem. | Bio. | |
| SSC | | | | | | | | | | |
| HSC | | | | | | | | | | |
| D. Pharm (First Year) | | | | | | | | | | |
| D. Pharm (Second Year) | | | | | | | | | | |

| Entrance Test (CET/ NEET): | | | | | | | | | |
|----------------------------|--------------|----------------|-------|-------|------|-------|------|-------|-------|
| Sr. No | Name of Exam | State Merit No | Marks | Maths | Phy. | Chem. | Bio. | Other | Total |
| | | | | | | | | | |
| | | | | | | | | | |

| Students is taking admission to Second/ Third/ Final Year B. Pharm/ Second Year D. Pharm | | | | | |
|--|------------------------------------|-----------|-----------------------|-------------------------|----------------------------------|
| Class in which student is taking admission | Marks obtained in last examination | Pass/ATKT | No of subjects failed | Name of subjects failed | Marks obtained in failed subject |
| | | | | | |
| | | | | | |
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Declaration by Applicant:

1. I hereby declare that the information given above is correct.
2. I agree to obey all the rules and regulations of the institute and undertake that I shall not do anything that will interfere with discipline of the institute. Otherwise any sort of disciplinary action can be taken against me.
3. I accept that my admission will be confirmed only on production of the entire required certificate along with transference transfer certificate from the previous college / education institute.
4. As this course is full time course, I will attend the entire lectures, practical sessions, etc. which to be organized by the institute from time to time. As per rules of PCI, MSBTE, DTE.
5. I will not claim any transfer from this institute during the entire period of the course.
6. I had fulfilled the conditions for admission to course applied for, in case my admission is cancelled for whatsoever reasons from the institute. I will not claim any refund of fees and amount paid and I will not make any claim from institute **Vasantidevi Patil Institute of Pharmacy, Kodoli** or any other person to any law suit.
7. I hereby submit to the disciplinary jurisdiction and the other officers and authorities of the society and the institute shall obey and abide by the rules made by the Head of the Institute.
8. I hereby also agreed that so long as I am students at this institute, I will not do anything inside or outside of college premises which may result in disciplinary action under the rules prevailing or that may made here after or under the acts and laws in enacted by origination.
9. I have carefully noted that rules and procedures of admission as given in the prospectus, which I am required to follow for getting admission to the said course and shall in matters of interpretation accept the decision, given by the principal / management in this respect as final binding.
10. I Mr. /Miss. _____ is admitted to First /Second / Third/ Fourth year B. Pharmacy/D. Pharmacy/ Direct second year B. pharmacy in this institute. I am ready to remit the fees as per norms fixed by Govt. of Maharashtra. If there is any hike in the fees declared by Govt. of Maharashtra, I am ready to pay the difference amount. I will not involve myself in any in disciplinary activities and abide by all rules and regulation of Govt. of Maharashtra.

Yours faithfully

Signature of Student

Signature of the Parents / Guardian

| | | | |
|----------|---------|-----------------|---------|
| PRN No | : _____ | Admission Date | : _____ |
| Reg. | : _____ | Fees Receipt No | : _____ |
| Class | : _____ | Eligibility No | : _____ |
| Roll No | : _____ | Fee Category | : _____ |
| Division | : _____ | | |

Remarks of Admission Committee/Class Teacher with Signature and Date

| |
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| |
|--|

Principal

Undertaking of Students/ Parents

I _____, S/o/ D/o _____
have been admitted to the B. Pharm /D. Pharm _____ at **Vasantidevi Patil Institute of Pharmacy, Kodoli**, Tal: Panhala, Dist. Kolhapur-416114 (M.S.), herewith undertake that I have read and understood all the rules and regulations of admission for the academic year _____. I am aware that the tuition and development fee paid by me is only the interim fee as approved by the Shikshan Shulka Samiti. The revision in the interim fee, if any and as and when notified, by the Shikshan Shulka Samiti will be binding on me and I shall pay the difference between the final approved fee and the interim fee within the notified time. I am also aware that the revised tuition and development fees approved by the Shikshan Shulka Samiti will be the final fees applicable to me during the remaining academic years of my studies. I undertake to abide by the recommendations of the Shikshan Shulka Samiti in respect of the fee applicable to me and shall pay the applicable revised fee as and when notified by the college within the notified time.

Signature and Name of the student
(_____)

Signature and Name of the father/guardian
(_____)

Admission ID: _____
Contact number: _____

Date: / /2020
Place:

प्रतिज्ञापत्र

मी खाली सही करणार श्री.....माझा
पाल्य कुमार/कुमारी.....आपल्या
वासांतीदेवी पाटील इन्स्टिट्यूट ऑफ फार्मसी,कोडोली यावर्ष
औषधनिर्माणशास्त्र पदवीका/पदवी अभ्यासक्रमाकरीता सन २० -२० करिता
SC/OBC/SBC/NT1/NT2/NT3/ST/VJ या प्रवर्गातून प्रवेश घेतलेला आहे.
तरी समाजकल्याण विभागाकडून कॉलेजची फी न मिळाल्यास कॉलेजची
सर्व फी भरण्यास माझी कोणतीही तक्रार असणार नाही .सदर अटीवर मी
माझ्या पाल्यास आपल्याकडे प्रवेश घेत आहे.

कळावे,

आपला विश्वासू