



**Shri Sachhidanand Shikshan Sanstha's  
TAYWADE INSTITUTE OF  
DIPLOMA IN PHARMACY,**

Koradi, Mahadulla, Tah: Kamptee, Dist. Nagpur.

**Application form for Admission**

**Diploma In Pharmacy - I / II  
Medium: English**

Form No.: **073**

Session 20\_\_\_\_ - 20\_\_\_\_

**PARTICULARS OF APPLICANT**

|                              |
|------------------------------|
| For Office Use Only          |
| Amt. Paid Rs.                |
| Receipt No.                  |
| Date :                       |
| FEE TYPE CATEGORY :          |
| CASTE CATEGORY :             |
| Signature of Admission Clerk |
| Remark of Scholarship Clerk  |
| Signature                    |

|    |   |                   |                  |        |                      |                   |                            |      |                    |  |
|----|---|-------------------|------------------|--------|----------------------|-------------------|----------------------------|------|--------------------|--|
| 1) | Name in Full Shri/Smt./Ku.                            |                   |                  |        |                      |                   |                            |      |                    |  |
|    | <i>(In Block Letters)</i>                             |                   | <i>Last Name</i> |        |                      | <i>First Name</i> |                            |      | <i>Middle Name</i> |  |
|    | Mother Name   |                   |                  |        |                      | Enrolment No.     |                            |      |                    |  |
| 2) | Date of Birth: i) In Figure                           |                   |                  |        | E-mail.ID            |                   |                            |      |                    |  |
|    | ii) In Words  |                   |                  |        |                      |                   |                            |      |                    |  |
| 3) | Sex:  | Male              | Female           | Caste: | Religion:            |                   |                            |      |                    |  |
|    | Category:   | SC                | ST               | NT     | VJ                   | OBC               | SBC                        | Open | Other              |  |
| 4) | Name of Father/Guardian                               |                   |                  |        |                      |                   |                            |      |                    |  |
|    | i) Postal Address (Local)                             |                   |                  |        |                      |                   |                            |      |                    |  |
|    |   |                   |                  |        |                      |                   |                            |      |                    |  |
|    | Pin Code  | Contact Phone No. |                  |        | Mobile No.           |                   |                            |      |                    |  |
|    | ii) Postal Address (Permanent)                        |                   |                  |        |                      |                   |                            |      |                    |  |
|    |   |                   |                  |        |                      |                   |                            |      |                    |  |
|    | Pin Code  | Contact Phone No. |                  |        | Mobile No.           |                   |                            |      |                    |  |
| 5) | Details of Student Bank Account No.(Nationalize Bank) |                   |                  |        |                      |                   | (Attach Xerox of Passbook) |      |                    |  |
|    | i) Name of Bank                                       |                   |                  |        |                      |                   |                            |      |                    |  |
|    | ii) Account No.                                       |                   |                  |        |                      | iii) Branch Name  |                            |      |                    |  |
|    | iv) MICR Code   |                   |                  |        |                      | v) IFS Code       |                            |      |                    |  |
| 6) | Occupation of the Father or Guardian's                |                   |                  |        |                      |                   |                            |      |                    |  |
| 7) | Annual Income in Rs.                                  |                   |                  |        |                      |                   |                            |      |                    |  |
| 8) | Details of Last Qualification Exam.                   |                   |                  |        |                      |                   |                            |      |                    |  |
|    | a) Name of Last Exam. Passed                          |                   |                  |        |                      |                   |                            |      |                    |  |
|    | b) Roll No.   |                   |                  |        | Percentage of Marks: |                   |                            |      |                    |  |
|    | PCM   |                   |                  | PCB    |                      | Total Marks       |                            |      |                    |  |
|    | c) Name of Last School/College Attended               |                   |                  |        |                      |                   |                            |      |                    |  |

|                                   |   |        |
|-----------------------------------|---|--------|
| Subject Offered at the Last Exam. |   |        |
| 1)                                | 2)  | 3)     |
| 4)                                | 5)  | 6)     |
| 7)                                | 8)  | 9)     |
| 9)                                | Are you taking admission under ATKT Rule      | YES NO |
| 10)                               | In Which Games or Sports have you taken Part? |        |
|                                   | Enclose Proficiency Certificate in any        |        |

**UNDERTAKING BY STUDENT**

I have read your prospectus carefully and I undertake that I will abide by all the rules and regulations of the college I will attend 75% classes and will put 75% attendance. I will not change optional subject once selected and if I leave the college any time after admission for any reason, I will pay Tuition and other fees for the while session with fine applicable. I agree to pay the tuition and other fees, if any GOI Scholarship is not sanction for any reason.

Date: \_\_\_\_\_ Signature of Student  
Place: \_\_\_\_\_ Name: \_\_\_\_\_

**DECLARATION OF FATHER OR GUARDIAN**

I declare that the applicant is my son/daughter/ward and the particulars given by him/her are correct. I further declare that I shall be responsible for his/her behavior in the college and shall see that he/she observes all the rules of the college including rules of the

Date: \_\_\_\_\_ Signature of father or guardian  
Place: \_\_\_\_\_ Name: \_\_\_\_\_

**ACKNOWLEDGEMENT OF DOCUMENTS**

Received following document in Original

|                                       |                       |                                   |
|---------------------------------------|-----------------------|-----------------------------------|
| 1. SSC Mark sheet                     | 4. Gap Certificate    | 7. Caste Validity                 |
| 2. HSSC Mark Sheet                    | 5. MHT-CET Mark Sheet | 8. Nationality and Domicile Cert. |
| 3. HSSC/DIPLOMA T.C.                  | 6. Caste Certificate  | 9. Income Certificate             |
| 4. Fathers Affidavit for Scholar ship |                       | 10. Photograph 3 Copies           |
| 11. Xerox Copy of Bank Passbook       |                       |                                   |

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Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

# MEDICAL FITNESS CERTIFICATE

(For Registered Medical Practitioner )

I have thoroughly examined \* Shri/Ku . \_\_\_\_\_ today the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ and therefore certify that \* He /She Has sound infirmity no disease no serious detects in eye sight, not physical disability and no mental in firmly . I further certify that He / She is lit to undergo instruction in Pharmacy and \*He /She has nothing that can unfit \*Him /Her now or in future to undergo manual work in laboratories, classroom, hospitals, drug stores. etc . or any outdoor service as pharmacists .

Date :- \_\_\_\_\_

Signature : \_\_\_\_\_

Address:- \_\_\_\_\_

Name : \_\_\_\_\_

\_\_\_\_\_

Qualifications :- \_\_\_\_\_

\_\_\_\_\_

Registration No. \_\_\_\_\_

\_\_\_\_\_

## SCRUTINY FORM

| SR.NO. | COPIES OF CERTIFICATES  | REMARKS FOR SCRUTINY |
|--------|---|----------------------|
| 1.     | Democile Certificate for other state applications   | NA/Yes /No           |
| 2.     | SSC Certificate   | Yes /No              |
| 3.     | Mark sheet of SSC Examination   | Yes /No              |
| 4.     | Attempt Certificate   | NA/Yes /No           |
| 5.     | Leaving Certificate of the last attended College  | Yes /No              |
| 6.     | HSSC Mark Sheet   | Yes /No              |
| 7.     | Cast Certificate for SC/ST  | NA Nes/No            |
| 8.     | Cast Certificate for OBC/DT/NT/SBC  | NA/Yes /No           |
| 9.     | Medical Fitness Certificate for physically handicapped                                    | NA/Yes/ No/          |
| 10.    | Medical Fitness Certificate for Applicant   | Yes/No.              |
| 11.    | Transfer Certificate III case of employee of Govt. of India of Govt. of India Undertaking | NA/Yes /No           |
| 12.    | Defence Certificate   | NA/Yes /No           |
| 13.    | Creamy layer for NT2, NT3, and OBC  | Yes/No.              |