## **Admission Form**

APPLICATION FORM NO.

## Dhule Charitable Society's

## INSTITUTE OF PHARMACY

[Year of Establishment-1983]

Approved By – P.C.I., New Delhi, A.I.C.T.E. New Delhi, D.T.E & Govt of Maharashtra

Affiliated to Maharashtra State Board of Technical Education, Mumbai



#### Admission Form for

#### Diploma Course in Pharmacy

City Survey No. 4259, Dayasagar Educational Campus, Deopur,

Dhule – 424002.

Tel. No. 02562 – 220512, Fax No. 02562 – 220512

E-mail ID – dcsiop199@rediffmail.com

Website – www.dcsdhule.org

### **ADMISSION FORM**

## 1) PERSONAL DETAILS:-

a] Type of Candidate: - MH / OMS b] Se	at Type: - IL / CAP / ACAP	
c] Full Name:		
Surname	First Name Middle Name	
d] Gender – Male / Female	e] Blood Group	
f] Category	g] Religion –	
h] Date of Birth – / /	i] Region - Urban / Rural	
j] Father's / Husband's Name –		
k] Mother's Name –		
I] Physically Handicapped – Yes / No .if yes type		
m] Mother Tongue –		
n] Annual Income –		
o] Defence Type		
p] Last School Attended		
q] Place of Birth	_	
2) <u>CONTACT DETAILS</u> :-		
a] Permanent Address with Pin Code –		
b] Current Address with Pin Code –		

c] Contact Nos.	Landline – [	]
	Mobile [Parents]	
	Mobile [Student]	
d] E-mail ID –		
3) QUALIFICA	TION DETAILS:-	
a] S.S.C. Maths M	arks	_ b] S.S.C. Science Marks –
c] S.S.C. English I	Marks	_ d] S.S.C. Aggregate Marks –
e] S.S.C. District -		_
f] S.S.C Board		
g] H.S.C. Physics	Marks	h] H.S.C. Chemistry Marks –
i] H.S.C. Biology N	Marks	j] H.S.C. Maths Marks —
k] H.S.C. English	Marks	I] H.S.C. P.C.B. Marks
m] H.S.C. P.C.M.	Marks	n] H.S.C. Aggregate Marks –
o) H.S.C. District	- <u> </u>	
p] H.S.C Board		
	<u>UNI</u>	<u>DERTAKING</u>
1,		Son / Daughter /
Wife of		herewith
		he rules of admission & on understanding
		olication Form for admission to Diploma In

Pharmacy for the Academic Year 2013-14. If at later stage, it is found that, I have furnished wrong information and / or submitted false certificate's, I am aware that my admission stands cancelled & fees paid by me will be forfeited. Further I will be subjected to legal / or penal action as per the provisions of the law.

I hereby agree to confirm to rules, acts & laws enforced by Government from time to time. I hereby undertake that so long as I am student of Institute / College, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal / Director / Secretary of the Institute / College / Board will have the right to expel, rusticate me from the Institute / College, for any infringement of the rules, acts & laws prescribed by the Institute / College / Board / Government. The information given by me in this Application form is true to the best of my knowledge & belief.

Name & Sign of Parents		Name & Sign of	Name & Sign of Student	
(	)	(	)	

# (For Office Use Only)

1) <u>ALLOTMENT DETAILS</u> : - [CAP]		
a] Application Fee Receipt No		
b] Merit No	c] Merit %	
d] Institute Name – DCS's Institute of Pharmac	y, Deopur, Dhule.	
e] Preference No. allotted –		
f] Fees paid Rs	g] Date of Admission –	
h] Admission Round No -		
2) <u>ADMISSION DETAILS</u> : - [IL / ACAP]		
a] IL/ACAP Merit No	b] Merit Marks –	
c] Fees paid Rs	d] Date of Admission –	
3) <u>DOCUMENTS SUBMITTED IN INSTITU</u>	JTE:-	
S.S.C. Marksheet		
> H.S.C. Marksheet		
School / College leaving certificate		
Nationality Certificate		
Domicile Certificate		
> Caste Certificate		
Non-Creamy layer Certificate [Valid upto 31st March 2014]		
> Income Certificate		

Gap Certificate	
> Aadhar No.	
> Others  If any Specify	,
Parents Sign	Student Sign
Form Filled By	Form Verified By