VISHAL JUNNAR SEVA MANDAL'S

VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

ALE (412411) TAL. JUNNAR, DIST. PUNE. MAHARASHTRA
(APPROVED BY AICTE, PCI & AFFILIATED TO SAVITRIBAI PHULE PUNE UNIVERSITY)
DTE INST. CODE B. PHARM : PH 6361, M. PHARM : MP 6361
CONTACT NO. + 91-2132-262 271/521, * E-MAIL : vjsm.principal@gmail.com * WEBSITE: www.viperale.com

ज्ञानगंगा घरोघरी

ISO-9001-2015 Certified

APPLICATION FORM FOR ADMISSION TO B. PHARM/M.PHARM

FORM NO. :

ACADEMIC YEAR 20 -20

COURSE : F..Y. B.PHARM/ DIRECT 2nd YEAR B.PHARM/ F.Y. M.PHARM (PHARMACEUTICS/QUALITY ASSURANCE TECHNIQUES)

Instructions to Applicant :

1. Please fill the application form in full & block letters only.
2. Please tick the appropriate words & strike out whichever is not applicable.
3. Prospectus will be available on our website for download.

Paste your ID Card Size Recent Color Photo

To,
The Principal,
Vishal Institute of Pharmaceutical Education and Research,
Ale, Tal- Junnar, Dist. - Pune 412411.

⊕ PERSONAL INFORMATION

• Full Name of the Student : _____
(Surname) (First Name) (Father's Name) (Mother's Name)

• पुर्ण नाव : _____
(आडनाव) (पहिले नाव) (वडिलांचे नाव) (आईचे नाव)

• Gender : Male / Female • Nationality : _____ • Domicile : _____

• Date of Birth : (DD/MM/YY) _____ • Place of Birth : _____

• Religion : _____ • Mother Tongue : _____ • Marital Status : Married / Unmarried

• Category : _____ • Caste : _____

• Student's Mobile No. : _____ • Email : _____

• Parent's Mobile No. : _____ • Email : _____

• Aadhaar Card No. : _____ • Bank A/C No. : _____

• Bank Name & Branch : _____ • IFCS Code No. : _____

• Address for Correspondence : _____

_____ • Pin Code : _____

• Permanent Address : _____

_____ • Pin Code : _____

• Name of Parent/Guardian : _____ • Relationship with the parent/Guardian :

• Occupation of Parent : Father/Service/Business/ _____ • Annual Income (Rs.) : _____

⊕ EDUCATIONAL INFORMATION :

• Details of HSC Examination Name of Board : _____

Exam	Marks	Out of	%	Year of Passing	Physics	Chemistry	Biology	Maths	Total PCB	Total PCM
HSC										

Details of D.Pharm Examination (if Applicable)

Exam	Marks	Out of	%	Year of Passing	Name of Institute & Board
D. PHARM					

Details of B.Pharm Examination (if Applicable)

Exam	Marks	Out of	%	Year of Passing	Name of Institute & University
B. PHARM					

• Details of Entrance Examination (MHT-CET / GPAT) :
Applicable For B. Pharm Course

Entrance Examination	Application Id	Year of Passing	Total PCB	Total PCM
MHT CET				

Applicable For M. Pharm Course

Entrance Examination	Application Id	Year of Passing	Score	All India Rank
GPAT / MHT-CET				

Record of enclosures (Self Attested Photocopies) (Tick ✓ whichever is applicable)

- ❑ Mark sheet of SSC, HSC / D. PHARM / B. PHARM exam
- ❑ Caste Certificate
- ❑ Nationality
- ❑ DTE acknowledgement letter
- ❑ Income Certificate issued by Tahsildar
- ❑ Sponsorship Letter
- ❑ MHT-CET / GPAT Score Card
- ❑ Caste Validity Certificate
- ❑ Domicile/Birth Certificate
- ❑ Aadhaar Card
- ❑ Physical Handcap Certificate
- ❑ Experience Certificate
- ❑ LC / TC / GAP Certificate
- ❑ Non-Creamy Layer Certificate
- ❑ CAP Allotment letter
- ❑ Photo copy of passbook/blank cheque
- ❑ Defense Certificate
- ❑ Joining letter

UNDERTAKING

Considering the applicatiom of Mr./Miss _____ son/daughter of

Mr. _____ Residing at _____

for admission to F.Y. B. PHARM / DIRECT SECOND YEAR B. PHARM / F.Y. M. PHARM at VISHAL

JUNNAR SEVA MANDAL's VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH, ALE, TAL.-JUNNAR, DIST. PUNE-412411

Mr./Miss _____ Parent/Legal _____ Guardian _____ of _____

Mr./Miss _____ hereby agree to pay Adhoc Fees/ Fees prescribed by the Competent Authority / College Authority. I hereby furher agree and undertake that if the fees (Tuition+ Development) and other Charges / fees revised / approved by the Fees Regulating Authority / Competent Authority are more than the Interim/ Adhoc Fees for current academic year, Then I will pay the difference to the Institute on demand. I shall also pay the fees and other charges decided by Fees Regulating Authority / Competent Authority for the subsequent academic year in time. also certify that all the information given in this application is true to the best of my knowledge and the copies attested by me aretrue copies of original documents. I am well aware of the fact that if the copies are found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable thereto.

Date : / /201 Signature of Student Signature of Parents

(FOR OFFICE USE ONLY)

Sr. No.	Particulars	Marks	Out of	%	PCB	PCM	Remarks
1	**HSC**						
2	**D.PHARM**				-	-	
3	**B. PHARM**				-	-	
4	**MHT CET/GPAT**						

SEAT TYPE : DTE CAP/ ACAP/ IL **CATEGORY :** SC/ST/DT/VJ/NT/SBC/OBC/OPEN/HANDICAP/DEF/OTHER :

Admitted/ Not Admitted **Year of Admission : 20 -20**

Date : / /20 **Signature of Office Superintendent** **Signature of Principal**