

/ 20

/

Date:

Vilasrao Deshmukh Foundation Group of Institutions

VDF School of Pharmacy, Latur

New MIDC, Airport Road, Latur 431 531.

APPLICATION FOR ADMISSION TO FIRST / DIRECT SECOND YEAR B.PHARMACY (CAP)

<u>ID</u>	

Signature of the student

(To be filled in (except for entries for official use only) and signed by the student and submitted so as to reach the admission authorities as per rules for admission on or before prescribed date and time. 1) Name of the Applicant (IN BLOCK LETTERS) (Surname) (Name) (Father's name) 2) Address of correspondence ____ PIN _____ _____ Mobile:____ 3) Res. Telephone No. **Email ID** 4) Name and Address of Institute last attended 5) Do you belong to B.C. Class Yes / No. _____ (If yes, state category / class) 6) Date of Birth 7) Sex: Male / Female _____8) Nationality: _____ 9) Parent's / Guardian's Full Name: & Permanent Address Occupation ____ Yearly income in Rs. _____ 10) Details of qualifying examination (XIIth std. or its equivalent): (a) Name of Institute / Board last attended (b) Month and Year of passing (c) Whether passed from Maharashtra (Yes / No) (if No, mentioned name of the other state) 11) Details of documents to be attached to the application form (to be submitted by student): Statement of marks obtained at the qualifying exam. 2) Leaving Certificate Caste Validity Certificate (If the student is belonging to reserved category) I hereby certify that total number of certificates attached to this application, are ___

12) Declaration to be signed by the student:

I have read all the rules of Admission and after understanding these rules thoroughly; I have filled in the application form for admission for the current year.

The information given by me in my application is true to the best of my knowledge and belief. I understand that if any of the statement made by me in the application form or any information supplied by me in connection with my admission is later on at any time, found to be false or incorrect, my admission will be cancelled, fees forfeited and I may be expelled from the college by the Principal.

- a) I have not been debarred from appearing at any Examination held by my Government constituted or Statutory Examination Authority in India.
- b) I understand that no document after the last date of submission will be entertained for the purpose of claims or concessions etc. in connection with my admission unless otherwise mentioned in the rules.
- c) I am aware that any rule imposed by the University such as "Imposing limits on the number of attempts (NFTE), permissible to pass any Examination" shall be binding on me.
- d) I hereby agree to conform to any rules, acts and laws enforced by the Government or College authorities and I hereby undertake that, I will do nothing either inside or outside the college which may result in disciplinary action against me under these rules, acts and laws referred to
- e) I shall not prevent any student from attending classes.
- f) I am aware that my involvement in RAGGING in any way will lead to my dismissal from the Institute and I will not be admitted to any other educational institute for a period of five years from the date of such dismissal.
- g) I fully understand that the Principal of the College where I am admitted has a right to expel me from the College for any infringement of the rules of conduct and discipline prescribed by the College or University or Government and the Undertaking given above.
- h) <u>CONDITION OF MINIMUM ATTENDANCE:</u> I am fully aware that, I will not be allowed to appear for the Examination <u>if I do not attend minimum 75% classes of the theory, practical, drawing etc.</u> I am also aware that I will not be allowed to appear for the Examination, if I fail to submit satisfactorily all the assignments, jobs, journals, drawings, and reports as specified by the University within stipulated time limit.
- i) I shall not cause any damage to College furniture, equipment, instruments, wiring, switching, boards, pipefittings, fixtures or any other property. If any damages are caused by mishandling or negligence or otherwise, I shall compensate as per the directives of the Principal.

Place:	Signature of the Student
Date:	
	Signature of Guardian