

Academic Year		Form No.		All fields are mandatory, Fill in Block Letters only, Please tick (✓) which is applicable		
 ॥ विद्या विनयेन शोभते ॥	Dnyan,Kala,Krida & Krishi Pratishthan's Late Laxmibai Phadtare College of Pharmacy (Approved by PCI, New Delhi,DTE,Mumbai,Recognized by Govt.of Maharashtra,Affiliated to MSBTE,Mumbai & Dr. BATU University,Lonere,Raigad) Phadtare Knowledge City, Kalamb-Walchandnagar, Tal-Indapur, Dist. Pune-413114, India				Affix Photo	
	ADMISSION FORM					
Application for Admission to		B. Pharmacy ☐	First Yr. ☐	Second Yr. ☐	Third Yr. ☐	Fourth Yr. ☐
		D. Pharmacy ☐	First Year ☐		Second Year ☐	

Details of Applicant:-

Full Name of Candidate												
Name must be as per H.S.C. / Diploma Mark sheet												
Date of Birth	____ / ____ / ____			Place of Birth:			Gender					
Postal Address												
							PIN:					
Contact Details	Mobile (Student)											
	Mobile (Parent Mother / Father)											
	Land line (With STD code)											
Email ID												
Family Income												
Nationality												
Category						Cast with Sub Cast:						
Admission Type	CAP / IL / ACAP:											
Father's Name												
Father's Occupation												
Father's Mobile Number												
Father's E-mail Address												
Annual Family Income												
Mother's Name												
Mother's Occupation												

Scholarship Details

Aadhar Card No. (linked with mobile number)	
--	--

Bank Details (AADHAR linked Nationalized Bank Only)

Bank Name	
Branch Name	
Account No.	
MICR Code	
IFSC Code	

Applicant's Educational Qualification :

Sr.	Exam.	Year	Board Name	Exam Seat No.	Medium	Marks Obtained	Out of	Percentage
1	S.S.C.							
2	H.S.C.							
3	Diploma							
4								

Detailed Marks :

S.S.C.	Math's		Science		English		Aggregate			
H.S.C.	Phy.		Chem.		Math's./Biology		English		Aggregate	
Diploma	Annual			Semester						

Entrance Test Marks :

Entrance Exam.	Roll No.	Marks
MH- CET		
NEET		

UNTERTAKING
(Regarding attendance of the student)

I Mr./Ms_____ son / daughter of Mr _____

Studying in class_____ branch_____ having roll no ._____hereby undertake:

1. I have been informed that if my attendance is below 75% in Theory lectures and 100% in Tutorial, I will be detained from appearing for the examination of the semester and will have to repeat the study in same year of studying during the next year.
2. I will attend the class as to satisfy the requirement of attendance as per the Rules & Regulations of Dr. BATU University; else will be eligible to be detained.

Date:

Place:

Signature of student

UNTERTAKING
(Regarding acceptance of Fees structure to be given by Parent/Local Guardian)

In lieu of the _____ (Name of Institute) considering the application of Mr./Ms. _____ son /daughter of Mr./Mrs. _____ residing at _____ for admission to _____ (course). I Mr./Mrs. _____

Hereby agree to pay adhoc fees / fees prescribed by the competent authority / Institute authority.

I hereby further agree and undertake that if the fees (Tuition fees + Development) and other charges/fees decided by Shikshan shulka Samiti/ Competent Authority are more than the adhoc fees for the 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 Shikshan Shulka Samiti/ Competent Authority for the subsequent Academic years in time.

Place:

Date:

Signature of the Parent /Guardian

Original & Xerox Copy Attested by FC of Documents Attached - (Please ✓ Tick)

Sr.	Name of the Document	Original	Xerox	Sr.	Name of the Document	Original	Xerox
1	S.S.C. (X th) Marksheet			11	H.S.C. (XII th) Mark Sheet		
2	Diploma Mark sheet			12	Diploma Passing Certificate		
3	Diploma Equivalence Certificate			13	Graduation Passing Certificate		
4	Undertaking of anti ragging (Rs.100/- Stamp paper			14	Allotment Letter		
5	MHTCET/NEET Score Card			15	Migration Certificate		
6	LC / TC			16	Domicile Certificate		
7	Nationality Certificate			17	Photograph (2 nos)		
8	Gap Certificate			18	Cast Validity Certificate		
9	Caste Certificate			19	Non-creamy Layer Certificate		
10	Affidavits			20	Undertakings		
11	FIR for Duplicate LC			21	EWS Certificate		
12	Income Certificate			22	Adhar Card Xerox		

Checked by (Admin Section): _____

Declaration and Covenant to be signed by the candidate:

I declare and covenant that:

- I have read, understood and I am fully aware of all rules of Admission, Cancellation, Rules for refund etc. for Admission under CAP/Management Quota/against vacant seats after cap rounds for the current year and after understanding these rules, I have filled this form of application for admission for the current academic year.
- The information given by me in this application form is true to the best of my knowledge and belief. I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority of India.
- I understand that no other document, other than those attached to the application form will be entertained for the purpose of claims /concession etc.in connection with my admission.
- I hereby agree to confirm to any rules, acts and laws enforced by Government and Late Laxmibai Phadtare College of Pharmacy, authorities and I hereby undertake that so long as I am student of the college, I will do nothing either inside or outside the institute campus which may result in disciplinary action against me under the rules, acts and law laid down by Government/University/College authorities.

- I fully understand and agree that the Director of the institute will have right to expel and / or cancel my admission from the institutes for any infringement of the Rules of Conduct and Discipline prescribed by the Government/University/College (if any) and the undertaking given above.
- I also agree that all rules framed from time to time by the Dr. BATU University or Directorate of Technical Education or MSBTE or by any concerned authorities under any concerned statute or the State of Maharashtra relating to refund of fees in case of cancellation of admission by me from the institute, shall be binding upon me, and I shall not be entitled to any other amount either by way of compensation, interest or otherwise.

None of information, which may be available with the institute relating to me or any of my record, is furnished to any third party.

Place:

Date: (Name & Signature of the candidate)

Declaration to be signed by Parent / Guardian:

I declare that, the particulars furnished by my son/daughter/ward in this application form are correct to the best of my knowledge and belief. Also I hereby declare that I have read, understood and am fully aware of rules of Admission cancellation and refund for etc. For the current year and after understanding these rules, we are taking the admission.

I understand and abide myself to pay on behalf of my son/daughter/ward such fees charges etc. which Government of Maharashtra / University may levy from time to time by due date, and in the event of failure on my part and / or on the part of my son /daughter /ward, the Director of the Institute may take such action against my son /daughter /ward as he may deem fit. I hereby confirm that it is obligatory on our part to abide by all the Rules of, Late Laxmibai Phadtare College of Pharmacy.

I confirm all declaration and covenants agreed to by my ward as above.

I will sign the requisite agreement bond as prescribed by the Government (In case of Minor only).

Place:

Date: (Name & Signature of the Parent / Guardian)

Admission Details (Filled by Office)

Application ID-----

- Seat Type (CAP/IL/ACAP) : -----Merit No :-----Merit Marks(%): -----
- Total Fees Paid: -----
- Received Rs.-----on-----Remaining Fee-----
- Bank-----Date-----UTR NO-----

Parent Signature

Cashier's Signature