Ref. No.: YBCCPA/ADM/B. Pharm FY/2024-25/

Price Rs.1000/-

Y.B. CHAVAN

EGE OF PHAR

AURANGABAD

)



Maulana Azad Educational Trust's

Y. B. Chavan College of Pharmacy

ISO 21001:2018 & ISO 14001:2015 CERTIFIED I NIRF: 2024 ALL INDIA RANK 76TH NAAC Reaccreditation "A+" Grade with 3.36 CGPA Score

Dr. Rafiq Zakaria Campus, Dr. Rafiq Zakaria Marg, Rauza Bagh, Aurangabad-431001, Ph-0240-2391752, 2381129

INSTITUTE LEVEL ADMISSION AGAINST CAP VACANT SEATS

To, The Principal, Y. B. Chavan College of Pha Aurangabad.	rmacy,			Affix Your Photo Here
I request you to kindly con Bachelor of Pharmacy (Aurangabad.				of Pharmacy,
The requisite information	given below;			
• State CET Application II):	N	lerit No.:	
• Student's Name (In Capital Letters)	: Surname	First Name	Mic	ldle Name
• Date of Birth	:Place		_ District	
Religion		Caste	Sub Cast (If any)	
Nationality		Aadhar No.:		<u> </u>
Local Address		-	0 24	
	-GE 01	PHV	Pincode:	
• Contact No.	: Student Mobile No.:	Pa	rents Mobile No.:	
• Academic Qualification:	LIDAN	CAR.	ΔD	

Examination Passed	Year of Passing/ Appeared	Name of School/ College/ Examining Authority	Total Marks Secured/ CGPA Grade	Total Maximum Marks	% Marks
MHT-CET/					
NEET 2024					
H.S.C. (10+2)					
Or Equivalent					
S.S.C.					

Parents Annual Income : _____ (In words: _____

DECLARATION BY THE APPLICANT

I hereby declare that, I have read all the Rules of Admission for the current year and on understanding these rules, I have filled in this application form for admission to the current year.

The information given by me in my application 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 in India.

I fully understand that the offer of ADMISSION will be made to me depending on my merit and availability of a seat at the time when I will report to the Admission Committee according to the schedule of admission.

I understand that no other document, other than those attached to the application form will be entertained for the purpose of claims in connection with my admission.

Attendance Rule:-

I shall maintain 80% attendance in theory as well as in practical's. If I fail to maintain the same I will not be allowed to attend examinations.

I hereby agree to confirm to any rules, acts and laws enforced by the College and I hereby undertake that so long as I am a student of the College I will do nothing either inside or outside the College which may result in disciplinary action against me under the rules, act and laws.

I fully understand that the Principal of the College will have full liberty to expel/ rusticate me from the College for any infringement of the rules of conduct and discipline prescribed by the College, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad and undertaking given above.

Total Number of certificates attached with application form

Date:

Signature of Applicant Name of Applicant

DECLARATION BY THE PARENT/ GUARDIAN

I hereby declare that, the particulars furnished by my son/ daughter/ ward in this application form are correct to the best of my knowledge.

I undertake and bind myself to pay on behalf of my son/ daughter/ ward such fees, charges etc. which college 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 Principal of the College may take such action against my son/ daughter/ ward as he/ she may deem fit.

He/ She shall maintain 80% attendance in theory as well as in practical's. If he/ she fails to maintain the same they will not be allowed to attend examinations.

Date:	Signature of Parent/ Guardian
Place:	Name of Parent/ Guardian