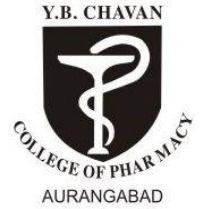




Maulana Azad Educational Trust's
Y. B. Chavan College of Pharmacy

ISO 21001:2018 & ISO 14001:2015 CERTIFIED | 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

Preference:-

1. Pharmaceutics 2. Quality Assurance 3. Pharmaceutical Chemistry 4. Pharmacology

To,
The Principal,
Y. B. Chavan College of Pharmacy,
Aurangabad.

Affix
Your
Photo Here

I request you to kindly consider my candidature for admission to **First Year of Master of Pharmacy** (Two Years Post Graduate Course) in Y. B. Chavan College of Pharmacy, Aurangabad.

The requisite information is given below;

- State CET Application ID : _____ Merit No.: _____
- Student's Name : _____
(In Capital Letters) Surname First Name Middle Name
- Date of Birth : _____ Place _____ District _____
- Religion : _____ Caste _____ Sub Caste _____
(If any)
- Nationality : _____ Aadhar No.: _____
- Local Address : _____

- Pincode: _____

Contact No. : Student Mobile No.: _____ Parents Mobile No.: _____

Academic Qualification:

Examination Passed	Year of Passing/ Appeared	Name of School/ College/ Examining Authority	Total Marks Secured/ CGPA Grade	Total Maximum Marks	% Marks
GPAT					
B. Pharm					
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. 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.....

Place:.....

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. 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.....