Sr. No. : Application For Admission to First / Second / Third / Fourth Year B. Pharm

(For Office use only)

Received Rs.____________________ on____________________

D.D. No. ___________ Bank _______________ Date:______________

Cashier’s Signature__________________________________________

(To be filled in by the applicant)

To,
The Principal
SSR College of Pharmacy
Sayli, Silvassa, UT of Dadra & Nager Haveli.

Respected Sir,
Kindly admit to the__________________________________________ class of your college

Date :
Place : __________________________ Applicant’s Signature Parent’s / Guardian’s Signature

1. Applicant's Name:______________________________________________________________
   (In BLOCK letters Starting from Surname)

2. Application ID (For office use only):____________________________________________

3. Gender (Male / Female): ___________ Mother Tongue: ___________ Blood Group:________

4. Date of Birth:_____________ Place of Birth: ______________ Blood Group:______________


6. Profession of Parent / Guardian:____________________ Annual Income Rs.:_____________

7. Address (Local): _____________________________________________________________
   ___________________________ District:_____________ PIN: _____________ State:_____________

8. Address (Permanent): _________________________________________________________
   ___________________________ District:_____________ PIN: ______________ State:_____________

9. Telephone No.(R):____________________ Mobile No.: ____________________________

10. E-mail:____________________________________________________________________

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**MARKS OBTAINED AT S.S.C. EXAMINATION (STD. 10th)**

Year of Passing: _______________  Seat No.: _______________  Board: _______________

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<tr>
<th>Subject</th>
<th>Marks Obtained</th>
<th>Out of</th>
<th>Obtained %</th>
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**MARKS OBTAINED AT H.S.C. EXAMINATION (STD. 12th)**

Year of Passing: _______________  Seat No.: _______________  Board: _______________

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<td>GRAND TOTAL</td>
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**COMMON ENTRANCE TEST (CET): MTCET / GUJCET / JEE**

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<th>Passing Year</th>
<th>Seat No.</th>
<th>Name of Subject &amp; Obtained Marks</th>
<th>Total Obtained Marks</th>
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**DIPLOMA IN PHARMACY EXAMINATION DETAILS (IF APPLICABLE)**

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<th>Examination</th>
<th>Seat No.</th>
<th>Passing Year</th>
<th>Board</th>
<th>Marks Obtained</th>
<th>Out of</th>
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**Admission Details (Filled by Office):**

- Seat Type (CAP / ACAP / IL): __________  Merit No.: __________  Merit Marks (%): __________

Following original documents along with photocopy of all these documents:

1. Completely filled Admission Form.
2. Std. 10" (SSC) Mark sheet.
3. Std. 12" (HSC) Mark sheet.
4. School / College leaving certificate (Transfer certificate).
5. Indian Nationality Certificate.
6. Migration certificate.
7. CET Score Card (If Applicable).
8. Caste certificate and Cast validity certificate (If applicable).
9. Gap certificate (If applicable).
10. Three Passport size photographs.
11. Domicile Certificate (If applicable).
12. Diploma in Pharmacy Mark sheet (If Applicable).