



## SSR COLLEGE OF PHARMACY

(Approved by AICTE & PCI, New-Delhi;  
Affiliated to Savitribai Phule Pune University, Pune)



Sr. No. : \_\_\_\_\_

### Application For Admission

M. Pharm (Specialization : \_\_\_\_\_)

(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 M.Pharm course of your college as per following preference (Assign No. 1,2,3 as preference)

( ) Pharmaceutics ( ) Quality Assurance Techniques ( ) Pharmacology

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: \_\_\_\_\_

5. Category (SC/ST/OBC/Open): \_\_\_\_\_ Caste: \_\_\_\_\_ Religion: \_\_\_\_\_

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: \_\_\_\_\_

R<sub>x</sub>



**COMMON ENTRANCE TEST (CET)**

Name of CET	Passing Year	Seat No./ Application ID	Score		Obtained Percentage or Percentile	Rank
			Obtained	Out of		

**EDUCATIONAL QUALIFICATION**

Examination	Seat No.	Passing Year	Board	Marks		Percentage
				Obtained	Out of	
S.S.C.						
H.S.C.						
D. Pharm.						
B. Pharm.						

**UNDERTAKING**

I undersigned Mr./Ms. \_\_\_\_\_ Son/Daughter of Shri \_\_\_\_\_ Willing to take an Admission at first year M.Pharm at SSR College of Pharmacy, Sayli Road Silvassa Affiliated to Savitribai Phule Pune University (SPPU), Pune.

I hereby declare that the information given below is correct. I hereby undertake to abide by the rules and regulations of the College / University / Government in force from time to time. I am seeking admission to the above class on my own risk. If for some reason or other my admission is cancelled by the university or college Authorities at any time, I shall not held either responsible for the same. I also hereby undertake to abide by the University / Government / College rules that I will attend more than 75% of all the class.

We will not Claim for any Refund of Fees, If  
 ★ I cancelled my admission by any reasons.  
 ★ I cannot submit required Documents as stated by admission authority of DTE, Maharashtra and hence admission could not be done.

I have read the rules and regulations regarding discipline, fee structure etc. of the College given in the prospectus of the College and the same are binding on me. I undertake to abide by the same in letter and in spirit and that any breach thereof shall render me liable for disciplinary action including cancellation of admission/terms.

Name of Student :

Name of Parent / Guardian

Signature of Student :

Signature of Parent / Guardian

Date :

Place :

\* Following original documents along with photocopy of all these documents

- |  |   |
|--|---|
| 1. Completely filled Admission Form.       | 2. Std. 10 <sup>th</sup> (SSC) Mark sheet.                          |
| 3. Std. 12 <sup>th</sup> (HSC) Mark sheet. | 4. School / College leaving certificate (Transfer certificate).     |
| 5. B. Pharm Mark sheets                    | 6. Migration certificate.   |
| 7. GPAT/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).                 |
| 13. Indian Nationality Certificate.        |   |

**Admission Details (Filled by Office):**

Seat Type (CAP / IL) : \_\_\_\_\_ Merit No.: \_\_\_\_\_ Merit Marks (%): \_\_\_\_\_

