



SSR COLLEGE OF PHARMACY

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



Identity Card Form

(Fill in CAPITAL LETTERS Only)

Sr. No. : _____

Stick
Passport Size
photograph

Stick
Passport Size
photograph

Name : _____
(Student's Name) (First Letter of Father's Name) (Surname)

Example : (PARIXIT R. PRAJAPATI)

Date of Birth :
Date Month Year

Gender : _____ Blood Group : _____

Contact No. : (1) Area STD Code _____ (2) Land Line No. : _____
(3) Mob. No. : _____

Class : First/Second/Third/Fourth Year B. Pharm./ M. Pharm.

Residential Address : House / Building no & Name : _____
Street / Society : _____
Area : _____
City : _____ Pin code : _____ State : _____

FOR OFFICE USE ONLY

I.D NO: _____

Lib. No: _____

NOTE : Any Changes after submitting the form and to get the new I.D Card will cost Rs. 100/-



SSR College of Pharmacy - Silvassa

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 :