



Krantiveer Vasantao Narayanrao Naik Shikshan Prasarak Sanstha's
Institute of Pharmaceutical Education and Research

(Affiliated to DBATU University, Approved by PCI, DTE, MSBTE, and Govt. of Maharashtra)

Krantiveer Vasantao Naik Marg, Canada Corner, Sharanpur Road, Nashik – 422 002.

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ADMISSION FORM



ADMISSION TO F.Y. / S.Y. D.PHARM /

F.Y./ S.Y./ T.Y./ FINAL YEAR B.PHARM / DIRECT SECOND YEAR B.PHARM

ACADEMIC YEAR: 20 - 20

To,
The Principal,
KVNNSPS's, Institute of Pharmaceutical Education & Research,
Nashik – 422 002.

Passport size

Color Photo

Respected Sir,

I may please be granted admission to the **F.Y./S.Y. D.Pharm / F.Y./S.Y./T.Y./FINAL Year B.Pharm / Direct Second Year B.Pharmacy** course in your institute. I declare that the information given below is correct & I agree to abide by the rules & regulation of the institute. I undertake that I shall do nothing that will interfere with the discipline or damage the reputation of the institute.

For The Applicant

Instructions to Applicant:

- Please fill the application form in full & block/ CAPITAL letters only.
- Please tick (✓) the appropriate words & strike out whichever is not applicable.

1. **Full Name of the Student:** _____
(Surname) (First Name) (Father's/ Husband's Name)

2. **Full Name of the Father:** _____
(Surname) (First Name) (Father's/ Husband's Name)

3. **Gender:** Male ☐ / Female ☐ / Transgender ☐

4. **Date of Birth:** (DD/MM/YY)

5. **Blood Group:**

6. **Caste:**

7. **Category:**

8. **Nationality:**

9. Mother tongue:

10. Marital Status:

Married

☐

/

Unmarried

☐☐☐

11. Domicile: In Maharashtra State / If outside Maharashtra State

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12. Student's Mobile No:

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13. Email:

14. Aadhar Card No:

15. Bank A/C No:

16. Bank Name & Branch:

17. IFSC Code No:

18. Parents Mobile No:

19. Email:

20. Address for Correspondence:

Pin Code

21. Permanent Address:

Pin Code

22. Relationship with the Guardian:

☐☐☐

23. Occupation of Parent:

Service / Business / Other

24. Annual Income (₹):

25. Details of Previous Examination Given:

HSC / D.PHARM:

Year of Passing:

Particular	Subjects						
XII Exam	English	Physics	Chemistry	Biology	Maths	PCB	PCM
Marks obtained							
Out of	100	100	100	100	100	300	300

D. Pharmacy: (For Direct Second Year Admission Only)

Particular	Year of Passing	Total Marks	%	Name of College	Name of Board
D. Pharm					

26. Record of enclosures: (Attested Photocopies) (Tick $\checkmark$ whichever is applicable)

Sr. No.	Document / Certificate	Submitted	Not Submitted
1	College Allotment Letter		
2	CET Score Card		
3	SSC Mark Sheet / Certificate		
4	HSC Mark Sheet / Certificate		
5	Diploma Mark Sheet / Certificate		
6	LC / TC Certificate		
7	GAP (If Applicable)		
8	Nationality Certificate		
9	Domicile Certificate		
10	Caste Certificate		
11	Validity Certificate		
12	Non-Creamy Layer Certificate		
13	Income Certificate		
14	Certificate of Handicap		
13	Aadhar Card		
14	Ration Card		

27. Declaration – I (By the Student):

- 1) I hereby declare that the above information is true and complete to best of my knowledge. I am aware that if any information here is found to be incorrect or incomplete, my application form will be rejected or admission will be cancelled.
- 2) If I admitted to First Year / Direct Second Year B. Pharmacy in KVNNSPS's Institute of Pharmaceutical Education and Research, Nashik, I shall abide by its rules and regulations.

- 3) I have read and understood all the provisions contained in the prospectus and hereby agree to abide by this provision.

Date:

Name & Signature of Student:

28. Declaration – II (By Parent/ Guardian):

I the parent /guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my ward KVNNSPS's, Institute of Pharmaceutical Education and Research, Nashik – 422 002. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the rule of trust /fees regulation authority. I also affirm and endorse the declaration made above by my ward.

Date:

Signature of Parent / Guardian

Name:

For Office Use Only

Sr. No.	Particulars	Total Marks	Obtain Marks	Remarks

Admitted / Not Admitted

Year of Admission:

Signature of Coordinator- Admissions

Signature of Principal

Date: / /20