



**MAHARASHTRA ACADEMY OF ENGINEERING AND EDUCATIONAL RESEARCH'S
MAHARASHTRA INSTITUTE OF PHARMACY**
SR. NO.124, EX-SERVICEMEN COLONY, MIT CAMPUS,
PAUD ROAD, KOTHRUD,
PUNE - 411 038



(Approved by AICTE,PCI, DTE & Affiliated to University of Pune ; An ISO - 9001: 2008 Certified Institute)
B. Pharm Programme Accredited by National Board of Accreditation.

Admission Form

Form No. :

Course for which applied : B. Pharm / M.Pharm (QAT/Pharm.Chem./Pharmaceutics)/Ph. D.

Name:(In BLOCK letters only)

(Surname) (First Name) (Middle Name) (Mother's Name)

Gender: M / F

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Recent
Colour
Photograph

Nationality: _____ Religion: _____ Caste: _____

Category: _____ Blood Group: _____ Physically Handicap: Y / N

Correspondence Address: _____

Student Signature

_____ City: _____

District: _____ State: _____ Pin Code: _____

Permanent Address: _____

_____ City: _____

District: _____ State: _____ Pin code: _____

Landline No. _____ Parent's Cell No.: _____

Email Id: _____ Student's Cell No. : _____

Aadhar Card No. : _____

Parent's Occupation : _____

ACADEMIC PERFORMANCE

Sr. No.	Examination	Marks obtained	Out of	Percentage
1	First Year B.Pharm			
2	Second Year B.Pharm			
3	Third Year B.Pharm			
4	First Year M.Pharm			

ONLY FOR INTERNATIONAL STUDENTS

NAME OF THE COUNTRY:

Nationality :

	R.P. Number	Date of Issue	Date of Expiry	Place of Issue
PASSPORT				
VISA				

Note: Attach last exam marksheet Photo copy

UNDERTAKING FROM THE STUDENT

Ihereby affirm that I have been admitted to the.....B.Pharmacy/..... ..Year M.Pharmacy at the MAEER's Maharashtra Institute of Pharmacy, Pune, on my own and I solemnly assure that I will abide by all rules and regulations laid down by the management of the aforesaid college, Government, Directorate of Technical Education, Mumbai and University of Pune to which it is affiliated from time to time and if I fail to do so, I will be liable for any punishment, including expulsion from the institute.

I declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / my admission will be cancelled. I hereby agree that if the attendance of my ward is less than 75 %, the college has full authority to withdraw his/her examination form and cancel his/her admission.

I hereby agree to pay the fees as approved by the Sikshan Shulka Sammitee, Government of Maharashtra.

Signature of Parent / Guardian

Signature of Student

FOR OFFICE USE ONLY :

Documents Checked by	Documents Verified by	Date of admission
Total Fees :	Fees Paid :	Fees Balance :
	Remarks:	
Office Superintendent		Principal