



Jalna Education Society's

Institute of Pharmacy, Jalna

Phone No. :(02482) 236214, Fax No. :(02482) 230566

Application Form For Admission to D. Pharmacy **Second Year** for the Academic Year 2020–2021.
For Office Use Only

Fee Paid Rs. _____

Receipt No. _____ Date _____

Roll No. _____

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 To,
The Principal,
J.E.S. Institute of Pharmacy, Jalna.

Sir,

I hereby apply for admission to **D. Pharmacy Second Year** Class of your Institute.
PERSONAL INFORMATION

- 1) Name in full : _____
(In Capital Letters) (Surname) (Name) (Father's Name)
- 2) Mother's Name : _____
- 3) Profession of Father : _____
(If in service, address of the office) _____
- 4) Yearly Income of Father/ Mother/ : _____
Husband _____
(In figures & words)
- 5) Date of Birth : _____
(In figures & words) _____
- 6) Place of Birth : Place _____ Taluka _____
Dist. _____
- 7) Permanent Address with : _____
Street name & House No _____
- 8) Phone No. with STD code : Self (Whtasapp Mobile number) _____
Father (Mobile number) _____
Land Line _____
- 9) Local Address with : _____
street name & House No _____
- 10) Caste & Sub Caste : _____
- 11) Whether residing in Hostel : Yes / No Room No. _____
- 12) Fees Concession (If any) : _____

- 13) Email ID : _____
- 14) Bank Name & Account No : _____
& IFSC code
- 15) Whether Married or Unmarried : _____
- 16) Aadhar No. : _____
- 17) Identity Card No. : _____

ACADEMIC RECORD

Details of the D.Pharmacy First Year Examination				
Name of Institute in which Studied	Enrollment Number	Exam Seat No.	Name of examination with result	Total Marks (Out of 1100)

18) Self Attested Xerox copies of following documents must be attached:

- 1) Marks Memo of D.Pharmacy first year. 2) Income Certificate for the financial year 2019-20.
3) Bank Passbook first page 4) Aadhar Card

UNDERTAKING

I hereby agree, if admitted to confirm to the rules and regulations present in force and those that may hereafter be made for the administration of the institute, and I undertake that so long as I am a student of the Institute, I will not involved in ragging, also I will do nothing either inside or outside the institute that will interfere with its orderly administration and discipline. I shall abide by the decision of the Principal to impose a fine or cancel my admission found to have committed any act of indiscipline in the class or in the institute campus.

I shall fulfill the statutory requirement of 75% attendance and should I fail to do so I shall be liable for punishment as per the rules of the M. S. Board of Technical Education, Mumbai.

I certify that the above particulars are true & correct the best of my knowledge and belief.

नोट-१) मी जे.ई.एस.इन्स्टीट्यूट ऑफ फार्मसी, जालना या संस्थेत शैक्षणिक वर्ष २०२०-२०२१ करीता डी. फार्मसी द्वितीय वर्षात प्रवेश घेतला असून, माझी उपस्थिती शासनाने वेळोवेळी विहित केलेल्या नियमानुसार कमी असल्यास मला ईबीसी / शासनाकडून मिळणारी कोणतीही सवलत मंजूर होणार नाही, याची पूर्ण जाणीव मला या संस्थेच्या प्राचार्यांनी प्रवेशाच्या वेळीच करून दिली आहे. तरी शैक्षणिक वर्ष २०२०-२०२१ मध्ये माझी उपस्थिती शासनाने वेळोवेळी विहित केलेल्या नियमानुसार कमी असल्यास व ईबीसी/ शासनाकडून मिळणारी कोणतीही सवलत न मिळाल्यास त्यास मी स्वतः जबाबदार राहिल.

२) मागासवर्गीय विद्यार्थ्यांना भारत सरकार शिष्यवृत्तीसाठी जात पडताळणी प्रमाणपत्र आवश्यक असून, ज्या विद्यार्थ्यांकडे जात पडताळणी प्रमाणपत्र उपलब्ध नसल्यास व त्यांची शिष्यवृत्ती नामंजूर झाल्यास त्यांना संस्थेची संपूर्ण फिस भरणे बंधनकारक राहिल, याची विद्यार्थ्यांनी नोंद घ्यावी

Place: _____

Yours Faithfully,

Date: _____

(Signature of the Student)

I hereby agree to this application made by my ward and I certify that the particulars given above are true & correct to the best of my knowledge and belief. I undertake that my ward will not involve in ragging.

Date: _____

(Signature of Parent / Guardian)

DECISION BY THE PRINCIPAL

Provisional admission is granted subject to the submission of all the required certificates as mentioned above.

Date: _____

PRINCIPAL