



Jalna Education Society's

Institute of Pharmacy, Jalna

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

Application Form For Admission To D. Pharmacy **First Year** For The Academic Year 2020–2021.
For Office Use Only

Fee Paid Rs. _____

Receipt No. _____ Date _____

Roll No. _____

 Recent
Colored
Passport size
Photograph

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

Sir,

I hereby apply for admission to **D. Pharmacy First 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) Hostel : Yes / 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

Last Qualifying Examination Passed	Name of College in Which studied	Name of the Board	Year of Passing Qualifying Exam.	Total Marks in H.S.C. (Out of 650)	Total Marks in	
					PCM (Out of 300)	PCB (Out of 300)

18) Following Certificates must be attached in Original & Self attested Xerox copies:

- | | |
|-----------------------------------|---|
| 1) H.S.C. Mark Sheet | 7) Income Certificate for the financial year 2019-20. |
| 2) Leaving Certificate | 8) Non-Creamy layer Certificate (If applicable) |
| 3) S.S.C. Mark Sheet | 9) Caste Certificate (If applicable) |
| 4) Indian Nationality Certificate | 10) Domicile Certificate (If applicable) |
| 5) Aadhar Card Xerox | 11) Student & Parent undertaking of Anti Ragging. |
| 6) Bank Passbook first page Xerox | 12) Caste Validity Certificate (If applicable) |

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 do nothing either inside or outside the institute that will interface 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.

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

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Note: Incomplete application form will not be accepted.