



K J's Educational Institutes

Trinity College of Pharmacy

[Approved by AICTE, PCI, DTE Maharashtra & Affiliated to Dr. Babasaheb Ambedkar Tech. University, Lonere & MSBTE, Mumbai]
AICTE Code-1-4996362271 PCI Code – 3805, DTE College code-6956, MSBTE code -1951

APPLICATION FORM

CAP I / II / III Against CAP / IL Application ID:
For Admission to B./ M. Pharmacy (Year 20__ - 20__)
(Fill in the form BLOCK letters as necessary)

1.Name of Candidate:				
2. Gender :		Mothers Name:		
3. Date of Birth (dd/mm/yyyy) :		Mobile No of Parent :		
4. Place of birth :	Tal : Dist :		State:	
5. Name & Permanent Address of Parent/Guardian:				
6. E-mail :		Mobile No of Parent :		Mobile No of Student
7. Category : As per Application form				
8. Nationality :		State of Domicile :		Aadhar No :
9. Year of Passing : SSC-		Roll No		HSC Roll No
SSC%	English:		Science:	Mathematics:
10. Name of the College HSC :				
H.S.C%				
Physics:	Chemistry:	Biology:	Mathematics:	Total:
11. MHT-CET Roll No:		Percentile:		NEET Roll No: Percentile:
Maharashtra State Merit List No.			All India Merit List No.	
Institute merit Number				
12. B. Pharmacy examination		Year of Passing:		
13. Name of the College :				
14.Name of University :				
Year	F.Y. B. Pharm	S.Y. B. Pharm	T.Y. B. Pharm	Final Year B. Pharm
SGPA/CGPA				
Class				
15. GPAT Examination Year of Passing				
Seat/Roll No		Percentile		Year of Passing

16. Declaration by the Candidate:

I, _____ Undertake that, I have read all the rules of admission and college and after understanding the rules thoroughly, I have filled in the application form for admission to the First Year B./ M. Pharmacy Academic Year 20_____ to 20_____

II. I hereby agree to conform to any Rules, Act and Law enforced by Govt. and I hereby undertake that, I will do nothing either inside or outside the college which may result in disciplinary action against me under these Rules, Acts and Law.

III. Condition of minimum attendance: I am fully aware that I will not be allowed to appear for examination, if I do not attend minimum 75% classes of theory, practical etc. I am also aware that I will not be allowed to appear for examination, if I fail to submit satisfactorily all the assignments, tasks, journals, reports as specified by the university within stipulated time limit.

IV. I agree the rules of the Tuition fees may change as per yearly assessment by the Fees Regulating Authority of Maharashtra Govt and shall be abide by the same. The above Information given by me in application is true to the best of my knowledge and belief.

Date:

Place:

Name & Signature of the Candidate

17. Declaration to be signed by the Candidates Parent / Guardian.

I _____ declare that

I. The particulars furnished by my son/ daughter, Mr / Miss _____ in his/ her application form are correct to the best of my knowledge and belief.

II. I undertake and bind myself to pay tuition fees, other fees ect. on behalf of my son/ daughter specified by the Institute at the time of admission or otherwise specified.

III. I hereby undertake that I will pay the increased amount of fees (if any) as and when recommended by Fees Regulating Authority (Govt. of Maharashtra) in the event of course period.

IV. I substantiate and accept the aforesaid declaration made by my ward.

Date :

Place :

Name & Signature of the Parent/Guardian

Remark - Admitted / Not Admitted

Checked & Verified by Office

Admission Incharge

Principal