

Application No:



Kai.Damodhar Yeole Bahuuddesiyya Sevabhavi Sanstha's
Yashodeep Institute of Pharmacy (D. Pharmacy)

(AICTE, PCI Approved, DTE & MSBTE Affiliated)
Gut No.114, Pimpalgaon Pandhari Beed Road, Aurangabad. (M.S.)
Ph.0240-2100359, Fax No. : 0240-2351315

ADMISSION FORM

Photo

CAP MERIT: -

Admission in CAP – I / II / III / IV / INSTITUTE

Name of the Candidate: Mr. / Miss _____
(In Block Letters) (Surname) (Middle Name) (Father's / Husband's Name)

In Devnagari Script: _____

Father's Name: Mother's Name:

Date of Birth:- Gender: Mother

Tongue.....

Nationality: - Aadhar Card No: -

Religion: Cast : Category: - Open/OBC/SC/ST/NT (if any other please specify)_____

Occupation: Father's:- Mother's:- Income (Annual):-.....

Communication Address: -

(Local) Tal:- Dist:- State: -

Pin Code: - Student's Mobile No:-.....

Permanent Address: -

Tal:- Dist: - State:-

Pin Code:- Father / Guardian No:-.....

Educational Qualification:-

Exam	Name of the Institute	Board	Year of Passing	Total Marks Obtained	%	Seat No.
SSC						
HSC						

Previous examination passed:-

HSC:-

Subject	English	Secondary Language	Physics	Chemistry	Biology	Maths/ Other	Aggregate	%
Maximum Marks								

Admission to any other Institute: -

Avail Govt. / Any Scholarship: -

Declaration by the Student:-

I, Mr. / Ms:hereby affirm that the information furnished by me in this application & the enclosures is true. I know that if the information furnished by me is false my seat will be forfeited. I shall abide by all the rules & regulations of the college may be frame from time to time. In all matters regarding admission to my course, the decision of the college is final & binding on me.

Place:

Date:

.....

Parent Sign

.....

Student's Sign

Admission
In Charge

Principal