

Web: <http://www.dpharmacy.kkwagh.edu.in>  
**PRN** (for office use only)

**Tick(✓) wherever is applicable; Fill in BLOCK letters only**

**Year:** 2 0 1 8 - 2 0 1 9

**Please Paste your  
Recent Photograph**

<b>Title :</b> (Mr./Ms.)					<b>Gender:</b>								<b>M</b>	<b>F</b>																	
<b>Candidate's Name:</b>	L	A	S	T	N	A	M	E									F	I	R	S	T	N	A	M	E						
	M	I	D	D	L	E	N	A	M	E								M	O	T	H	E	R	S	N	A	M	E			

[illegible][illegible]

<b>Handicap :</b>	Y	N	<b>Religion:</b>
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<b>Candidate Category:</b>	OPEN	OBC	SC	ST	VJ	NT1	NT2	NT3	SBC	DEF
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<b>Candidate Caste :</b>	<b>Subcaste :</b>	<b>MotherTongue:</b>
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[illegible]

<b>Blood Group:</b>	<b>Marital Status:</b>	Single	Married	<b>No. of children(if married):</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			

Aadhar Card Number:		PAN Number:	
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**Driving Licence Number:**             **Driving Licence Valid upto:**   -   -

Passport Number:												Passport Valid upto:	D	D	-	M	M	-	Y	Y	Y	Y
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<b>Transport Mode:</b>	<b>Accommodation:</b>
(Write Own Vehicle/College Bus/ Others)	(Write College Hostel/ Home/ Rented Pvt. Accommodation)

Do you want to donate your organ after your death?	Y	N	Whether belonging to:	STW	PTW	EBC
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Fees Received								Receipt No.							Receipt Date	D	D	-	M	M	-	Y	Y	Y	Y
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<b>Accountant Sign</b>	<b>Data entry by</b>	<b>Verified By</b>
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<b>DTE Information :</b>																																																																																																																																																																																																							
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Academic Information: (as applicable)										
Name of School/ College:  Board/ University:  Passing Month & Year:  Class Obtained:	(to be filled by ALL Candidates)									
	S.S.C.				H.S.C.					
	Total Marks	Science	Maths	English	Total Marks	Physics	Chemistry	Maths	Biology	English
Marks Obtained										
Maximum Mark										
<p>I hereby certify that the above mentioned information is true to the best of my knowledge and belief. I agree to abide by the Rules and Regulations laid down in the prospectus and those which may be formulated later. In case any information is found to be incorrect, my candidature shall liable to be rejected.</p>										
Date : <div> <div>D</div> <div>D</div> <div>-</div> <div>M</div> <div>M</div> <div>-</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>										
Place : Chandori, Dist: Nashik				Signature of the Candidate				Signature of the Parent		

List of Original Documents Submitted (Please tick appropriate )	
1	Allotment Letter
2	SSC Mark Sheet
3	HSC Mark Sheet
4	School/ College Leaving Certificate (Last attended Institute)
5	<b>Proof for Nationality:</b> Nationality Certificate /Birth Certificate /Leaving Certificate /Passport
6	<b>For type A candidate:</b> Domicile /Birth/ Leaving Certificate
7	<b>For type B candidate:</b> Domicile of Father/Mother
8	Gap Affidavit (if applicable)
9	Migration (if applicable)
10	Caste Certificate (for Reserved Category MS candidate)
11	Caste Validity (for Reserved Category MS candidate)
12	Non-Creamy-layer for (NT1/ NT2/ NT3 / VJ/ SBC/ OBC)
13	<b>For type C candidate:</b> Performa A
14	<b>For type D candidate:</b> Performa B
15	Pro Forma-F/F1 persons with Disability ( <b>Physical Handicap</b> )
16	Income Certificate (Xerox only)
17	Adhar Card (Xerox Only)
18	Performa K2 (Undertaking for unavailability of Original Documents)
19	
20	
21	
22	
23	
24	

**(Please keep at least 3 additional attested XEROX sets of above/submitted documents for subsequent use)**

**Undertaking:**

I have read all the Rules of Admission and after understanding these rules thoroughly, I have filled in the application form for admission for the current year.

- 1) I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India
- 2) I fully understand that the offer of a course will be made to me depending on my inter se merit and availability of a seat at the time of scrutiny of my application, when I will actually report to the admission authority according to the schedule of admission.
- 3) I understand that no document after the last date of submission will be entertained for the purpose of claims or concessions etc. in connection with my admission unless otherwise mentioned in the rules.
- 4) I am fully aware that the Competent Authority or its representative will not make any correspondence with me regarding admission. I am also aware that it is entirely my responsibility to see the notices on the notice boards of concerned Admission Centre.
- 5) I am aware that any rule imposed by the Examination Authority of MSBTE / Autonomous Institutes such as 'imposing limits on the number of attempts permissible to pass any examination' shall be binding on me.
- 6) I hereby agree to conform to any Rules, Acts and Laws enforced by Government and I hereby undertake that, I will do nothing either inside or outside the institution which may result in disciplinary action against me under these rules, acts and laws referred to.
- 7) I fully understand that the Principal of the college where I would be admitted, has a right to expel me from the institution for any infringement of the rules of conduct and discipline prescribed by the institution or MSBTE / Governing body of Autonomous Institutes or Government and the undertaking given above.
- 8) I am fully aware of Condition of minimum attendance that, I will not be allowed to appear for the examination if I do not attend minimum 75% theory classes, and 100% practical, drawing etc. I am also aware that I will not be allowed to appear for the examination, if I fail to submit satisfactorily all the assignments, jobs, journals, drawings, reports as specified by the MSBTE(Rule OG – 4)/ Governing body of Autonomous Institutes within stipulated time limit.

Date : 

D	D	-	M	M	-	Y	Y	Y	Y
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Place:

Signature of Candidate

Name: \_\_\_\_\_

**DECLARATION :**

- 1 I know that all the admissions are subject to approval by D.T.E., Admissions Regulatory Authority and Maharashtra State Board of Technical Education (MSBTE)
- 2 I know that it is my responsibility to submit all required documents within 4 calendar days from the date of admission, failure to which may lead to cancellation of my admission.
- 3 I hereby agree to confirm to any Rules, Acts & Laws enforced by Government/University/Institute and hereby undertake that so long as I am student of the Institute, I will do nothing wrong either inside or outside the Institute / college which may result in disciplinary action against me under the rules.
- 4 I fully understand that, the Principal of the college will have full liberty to expel/rusticate me from the Institute for any infringement of the rules of conduct and discipline prescribed by the Institute / the University & the undertaking given above.
- 5 I know the fee structure and rules of refund of fees.
- 6 I know that ragging is cognizable and punishable offence.
- 7 I know that use of mobile is not allowed in the Institute.
- 8 I know that Uniform & Identity Card is compulsory while entering into campus.
- 9 I know that, as on date the Scholarship/ Free ship is offered only to reserved category candidates of Maharashtra State who are admitted through Centralized Admission Process (CAP).

Date : 

D	D	-	M	M	-	Y	Y	Y	Y
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Place : Chandori, Dist: Nashik

Signature of the Candidate

Signature of the Parent

**UNDERTAKING:****UNDERTAKING**

I, the undersigned state that I have been allotted a seat through CAP/ Institute Level quota in your Institute K.K. Wagh Institute of Pharmacy, Chandori.

And is seeking Admission for Diploma in Pharmacy course  
in First year for the current academic year.

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I am also aware that, the fees I have paid at the time of reporting will be the Interim fees and are likely to be revised. The final fees as fixed by Fee Regulating Authority will be binding on me and I promise to pay the difference in the amount if any. If I fail to do so, the decision taken by the Institute will be final.

Date : 

D	D	-	M	M	-	Y	Y	Y	Y
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Place : Chandori, Dist: Nashik

Signature of the Candidate

Signature of the Parent

## ANNEXURE-I

1 I Mr./Mrs./Ms. (Student Name) Last Name First Name Middle Name

S/o- D/o Mr. /Mrs. /Ms. (Father's Name) Last Name First Name Middle Name

having been admitted to K.K.Wagh Institute of Pharmacy, Chandori, have received a copy of UGC / AICTE Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009(hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2 I have, in particular, perused clause 3 of the Regulations and am aware as to what constitute Ragging.

I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4 I hereby solemnly aware and undertake that

A. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

B. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5 I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

I hereby declare that I have not been expelled or debarred from admission in any Institution in the country on account of being found guilty of, abetting or being part of conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be Cancelled.

## VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or mis stated therein.

Place :Chandori, Dist: Nashik

Date : 

D	D	-	M	M	-	Y	Y	Y	Y
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Signature of the deponent  
(Student)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/ Mobile No. \_\_\_\_\_

\*\* For Office use only

Solemnly affirmed and signed in ,my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 2018 (year)  
after reading the contents of this affidavit.

OATH COMMISSIONER

## ANNEXURE-II

1 I Mr./Mrs./Ms. Parent's name (Last Name First Name Middle Name)

Father /Mother/Guardian of Students name (Last Name First Name Middle Name)

having been admitted to First Year Diploma in Pharmacy (D. Pharm)

for the current academic year, have

received a copy of the AICTE Regulations on Curbing the Menace of Ragging in Higher Education Institutions, 2009 (hereafter called the 'Regulations'), carefully read and fully understood the provisions contained in the said Regulations.

2 I have, in particular, perused clause 3 of the Regulations and am aware as to what constitute Ragging

3 I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and I am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4 I hereby solemnly aver and undertake that

A. My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

B. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5 I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6 I hereby declare that my ward has not been expelled or debarred from admission in any Institution in the country on account of being found guilty of, abetting or being part of conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be Cancelled.

## VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place : Chandori, Dist: Nashik

Date : 

D	D	-	M	M	-	Y	Y	Y	Y
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**Signature of the deponent**  
(Parent)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/ Mobile No. \_\_\_\_\_

\* For Office use only

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 2018 (year) after reading the contents of this affidavit.

**OATH COMMISSIONER**