



Samarath Educational Trust's  
**SAWKAR PHARMACY COLLEGE**  
**JAITAPUR, SATARA.**

GAT No. 261 Satara-Rahimatpur Road A/P- Jaitapur, Tal./ Dist.Satara-415004.

**ADMISSION FORM**

**Admission to Final Year D.Pharm Academic Year – 2020 - 21**

**MSBTE Enrollment No :-**

**ROLL NO:-**

1) Full Name of Candidate-----  
(Surname) (First Name) (Middle Name)

2) Permanent Address :-----  
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3) Contact No.: 1) Student No.-----2) Parent No.-----

4) Parent's/Guardians Name & Address-----  
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5) Date of Birth ----- Mothers Name :-----

6) \* Whether belonging to:-OPEN/ESBC/EWS/SC/ST/OBC/SBC/VJ-NT /Minority  
/Management

7) Marks obtained in the Previous Examination

	Year of Passing	Total Mark Obtained	Percentage of Marks	Remark
First Year D.Pharm				

\* Tick mark whichever applicable

*Students Sign*

**FOR OFFICE USE ONLY**

**ACKNOWLEDGMENT**

Received the application form for admission to the D. Pharm Second Year at Sawkar Pharmacy College for academic year 2020-2021

From \_\_\_\_\_ (Name of the Candidate)

Date of Admission \_\_\_\_\_

Signature of Receiving Authority

**Enclosure:**

- i) Tuition Fee & Other fees Receipt Xerox
- ii) First Year Xerox Copies of Mark Sheet

**(PRINCIPAL)**

