



BOMBAY COLLEGE OF PHARMACY (Autonomous)

(Affiliated to University of Mumbai / Approved by AICTE / PCI/DTE
Accredited by NBA for B. Pharm Program 2017-2022
Kalina, Santacruz (East), Mumbai-400 098 (India)

Passport Size
Photo

APPLICATION FORM

FOR ADMISSION TO FIRST YEAR B. PHARM (AIDED / UN-AIDED)/ DIRECT
SECOND YEAR B. PHARM (AIDED / UN-AIDED) / FIRST YEAR M. PHARM

| | | | | |
|------|----------------------------------|------------|-------------|-----------|
| 1 a) | Candidate name (CAPITAL ONLY) | FIRST NAME | MIDDLE NAME | LAST NAME |
| b) | Father name | | | |
| c) | Mother name | | | |

2. Category:-SC/ST/NT/VJDT/SBC/ : _____
OBC/OPEN
3. Date of Birth & : _____
4. Place of Birth : _____
5. Address for Communication : _____

6. Candidate Mobile No. : _____
Alternet Mobile No. : _____
7. Candidate Email ID : _____

APPLICATION ID: PH/DSP/MPH/ _____ State General Merit No.: _____
All India Merit No.: _____ MH-CET & NEET Score: _____
GPAT /CET Score: _____ PET Score: _____

ATTACH ALL THE DOCUMENTS WHICH YOU HAVE UPLOADED ON CET CELL PORTAL AT THE
TIME OF ONLINE APPLICATION & E OR P VERIFICATION (PLEASE TICK MARK ✓)

| S/n | TYPE | ✓ | S/n | TYPE | ✓ |
|-----|---|---|-----|--|---|
| 1 | CAP ALLOTMENT LETTER | | 12 | PWD CERTIFICATE | |
| 2 | CET/NEET/GPAT SCORE CARD | | 13 | INCOME CERTIFICATE (ISSUED BY STATE GOVT AUTHORITY) | |
| 3 | LEAVING CERTIFICATE/TC | | 15 | DEFENCE CERTIFICATE | |
| 4 | SSC MARKSHEET | | 16 | GAP CERTIFICATE (ON STAMP PAPER) | |
| 5 | HSC MARKSHEET | | 17 | MIGRATION CERTIFICATE | |
| 6 | 1 ST TO FINAL YEAR DIPLOMA MARKSHEET | | 18 | AADHAR CARD | |
| 7 | 1 ST TO 4 TH B. PHARM YEAR MARKSHEETS | | 19 | FEES PAYMENT SLIP | |
| 8 | CASTE CERTIFICATE | | 20 | | |
| 9 | CASTE VALIDITY CERTIFICATE | | 21 | | |
| 10 | NON-CREAMYLAYER CERTIFICATE | | 22 | | |
| 11 | DOMICILE /NATIONALITY CERTIFICATE | | | | |

FOR M. PHARM & PH.D. INSTITUTE LEVEL ADMISSION ROUND PREFERENCE SUBJECT:

1. _____ 2. _____
3. _____ 4. _____

Signature of the student

**UNDERTAKING TO BE SIGNED BOTH
BY THE STUDENT & PARENT / GUARDIAN**

I, _____ hereby undertake that if I am found
(Name of the student)

indulging in ragging activity or reported to have taken part in any such activity, I am liable to be punished appropriately and the punishment includes my expulsion from the Institute, not forwarding my form for the University Examination, suspension from the institution or class for a specified period or fine with a Public apology. It could also be withholding my scholarship or other benefits or debarring me from representation in the events, withholding my results, suspension or expulsion from mess and like.

I, _____ hereby undertake that if my son/daughter/Ward is
(Name of the Parent / Guardian)

found indulging in ragging activity or reported to have taken part in any such activity, he/she shall be punished appropriately and the punishment includes expulsion from the institute, not forwarding his / her form from the University Examination, suspension from the institution or class for a specified period or fine with a Public apology. It could also be withholding scholarships or other benefits or debarring from representation in the events, withholding the results, suspension or expulsion from mess and like.

[RAGGING IS: Cause annoyance, hardships, physical, mental or psychological harm, raise fear or apprehension thereof in a fellow student or asking him / her to do any act or perform something which he / she would not do in the ordinary course and has an effect or causing or generating sense of shame or embarrassment to adversely affect to psyche of the fellow student.]

Name & Signature of the student : _____

Name & Signature of the parent / Guardian : _____

Place : Mumbai

Date : _____