



V. M. PATIL KRUSHI PRATISHTHAN

Y. N. P. COLLEGE OF PHARMACY

Station-Vangaon, Village- Asangaon, Tal-Dahanu, Dist-Palghar, 401103.

Approved by PCI, DTE, Mumbai, and Affiliated to DBATU, Lonere, Raigad and MSBTE, Mumbai.

DTE CODE-3533 MSBTE CODE-12311 PCI CODE- 6184

Phone: 7249579956 Visit us at: www.ynpbpharm.in Email Id: ynpbpharm2022@gmail.com

College Seal

ADMISSION FORM

Please paste your recent passport size Photo here

Course [Please Tick] D. Pharm B. Pharm Direct Second Year

Full Name of Candidate _____

Name of Father: _____ Name of Mother: _____ Date of Birth: _____

Address: _____

Mobile No: _____ What Apps No.: _____ Father's Mobile No.: _____

Father's What Apps No.: _____ Caste SC/ST/OBC/VJNT/Gen.: _____ Gender: _____

Nationality _____ Email Id: _____ Aadhar No.: _____

Examination	Board/ University	Year	Subject	Marks Obtained	Out of Marks	% of Marks
SSC						
HSC			Physics			
			Chemistry			
			Biology			
CET/NEET			Mathematics			
			Physics			
			Chemistry			
Diploma			Biology			
			Mathematics			

Original Documents and Attested (2 sets) of Xerox Copies Enclosed:

- | | | |
|--|--|--|
| <input type="checkbox"/> CAP Letter (Allotment Letter) | <input type="checkbox"/> CET Marksheet | <input type="checkbox"/> SSC Marksheet |
| <input type="checkbox"/> SSC Certificate | <input type="checkbox"/> HSC Marksheet | <input type="checkbox"/> Leaving Certificate |
| <input type="checkbox"/> Nationality Certificate | <input type="checkbox"/> Domicile Certificate | <input type="checkbox"/> Caste Certificate (If Applicable) |
| <input type="checkbox"/> Caste Validity (If Applicable) | <input type="checkbox"/> Non-Creamyleyer (If Applicable) | <input type="checkbox"/> Gap Certificate (If Applicable) |
| <input type="checkbox"/> Income Certificate (If Applicable) | <input type="checkbox"/> Physically Handicapped Certificate(If Applicable) | |
| <input type="checkbox"/> Defense /ex. Serviceman certificate (if applicable) | <input type="checkbox"/> Payment Slip (College Fees) | <input type="checkbox"/> Aadhar Card Xerox |
| <input type="checkbox"/> Diploma Marksheet First Year | <input type="checkbox"/> Diploma Marksheet Second Year | |

Date: _____ Candidate's Signature

I have fully read the information furnished by my son/daughter and affirm that it is true and if it is proved that information is fraudulent, I shall be liable to criminal prosecution.

Date: _____ Father / Guardian Signature

FOR OFFICE USE ONLY

Ref by: Admission Incharge



Office Superintendent

Principal