



Samarth Rural Educational Institute, Rajuri's  
**SAMARTHGROUP INSTITUTE,**  
**OF PHARMACY, BELHE**

**DTE CODE - 6910 -**

A/P: Belhe, Tal: Junnar, Dist: Pune (412 410)

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**'ADMISSION FORM 2017- 2018'**

FIRST YEAR:

SECOND YEAR:

CAP ROUND: \_\_\_\_\_

Admission Type: CAP / Against CAP/ Mgt.

**'Admission Fees Details'**

Total Admission Fees:

Fees Paid:

Balance Amt.:

Fee Receipt No.:

Date: / / 2017.

No. of. Instalment Provided:

1. Name of the Student Mr./Ms.: \_\_\_\_\_

(BLOCK LETTERS)

(SURNAME)

(MIDDLE NAME)

(FATHER'S NAME)

(MOTHER'S NAME)

2. Fathers Full Name: \_\_\_\_\_

3. Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_ . 4. Birth Place: \_\_\_\_\_ . 5. Blood Group: \_\_\_\_\_

6. Sex (Male/ Female): \_\_\_\_\_ 7. Religion: \_\_\_\_\_ 8. Cast: \_\_\_\_\_ 9. Category: \_\_\_\_\_

10. Address for : Corresepondence: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

11. Permanent Address : \_\_\_\_\_

Pin Code: \_\_\_\_\_ TelephoneNo: \_\_\_\_\_ Mobile No: \_\_\_\_\_

12. Father's Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

13. Examination / Admission Details:

Examination	Subject	Passing Year	College / Institute	Mark		%
				Obtain	Out Off	
10 <sup>th</sup>						
12 <sup>th</sup>						
Any Other						

14. Documents Submitted: (Please Tick [√])

Sr. No.	Document Name	YES	No	Late S
01)	Allotment Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02)	Score Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03)	10 <sup>th</sup> Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04)	12 <sup>th</sup> Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05)	Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06)	Nationality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07)	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08)	Income Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09)	Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Caste Validity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Non Creamy Layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Gap Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	Physically Handicapped (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Ration Card Xerox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Adhar Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. I / We hereby state that,

- I. All the above information is correct to the best of my / our knowledge.
- II. I will follow all the rules & regulations of the college during my studies.
- III. I will attend the lectures & practical regularly as per the rules of attendance of the college.
- IV. I will keep good discipline in the college.

Date: \_\_\_ / \_\_\_ / \_\_\_\_.

Signature of Student: \_\_\_\_\_

Place: \_\_\_\_\_.

Signature of Parent: \_\_\_\_\_

Remark: \_\_\_\_\_

Checked By: \_\_\_\_\_ Registrar: \_\_\_\_\_ Director: \_\_\_\_\_