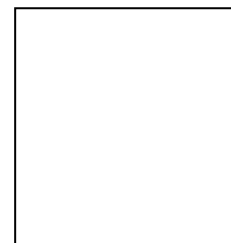


Rajarambapu College of Pharmacy, Kasegaon

Tal: Walwa, Dist: Sangli Ph.: (02342)238200

(For Office Use Only)



Roll No. _____ Division: _____

Name of Local Guardian _____

(To be filled by the Student)

1. Branch: _____

2. Full name of student: _____

(In Block Letters) (Surname) (First Name) (Father's Name)

3. Male/Female (M/F): _____ 4. Blood Group: _____

5. Parent's/Guardian's Name: _____

6. Address (Permanent): _____

Taluka _____ Dist _____ Pin. _____ Phone No. _____

7. Address (Local): _____

Taluka _____ Dist _____ Pin. _____ Phone No. _____

8. E-mail :

9. Date of Birth (DD/MM/YY): _____ 10. State: _____

10. Is from reserved category (Yes/No) _____ (SC/ST/NT1/NT2/NT3/ OBC) _____

11. Free/Payment: _____ 13. Fee paid Rs. _____

14. Religion (Hindu/ Buddhist/ Muslim/ Christian/ Parsi): _____

15. Admitted from: _____

16. H.S.C. Marks
H.S.C. Passing Year: _____
H.S.C. Grand Total: _____

Subject	Marks obtained	Out of	CET marks
Physics			
Chemistry			
Biology/Maths			
PCB/PCM Total			

17. Is there a gap of only two years between passing S.S.C. & H.S.C. _____

(If gap is more, give details) _____

18. Have you passed H.S.C. as a regular candidate? (Write 'No' if Private)_____

19. Have you passed H.S.C. with English? _____

20. Have you passed H.S.C. at the first attempt? _____

21. Have you passed H.S.C. examination with Physics, Chemistry and Biology/Maths in
the same sitting? _____

22. Diploma Marks (Final Year) obtained _____ out of _____ Year of Passing _____

23. S.S.C. Marks Maths: _____ Grand Total: _____

24. Whether from Defense Service Personnel (Yes/No) _____

Date:

Place:

Signature of the Student