

Shivnagar Vidya Prasarak Mandal'S  
COLLEGE OF PHARMACY  
MALEGAON (Bk), TAL. BARAMATI, DIST PUNE  
PIN- 413115  
☎ - +91 2112 254447 ☎ +91 2112 254582  
🌐 Website- <http://pharm.svpm.edu.in>  
Email - [svpm@indiatimes.com](mailto:svpm@indiatimes.com)

APPLICATION FORM NO.

Application for Admission to First Year B. Pharmacy

To,  
The Principal  
College of Pharmacy  
Malegaon (Bk), Tal. - Baramati, Dist - Pune  
PIN- 413115

Sir,  
My self Mr./Miss/Mrs .....  
I beg to apply for admission to B. Pharmacy course in your college for year 200 - 200  
I certify that accompanying overleaf information concerning me, is true and correct.

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

Yours faithfully,

Date: / /

No. of enclosures ( )

.....  
(Name and signature of Student)

For Office Use only  
(Not to fill by applicant)

Marks obtained at HSC exam. \_\_\_\_\_, Marks obtained at MH-CET \_\_\_\_\_

Category: Mark ( ✓ ) which applicable - Open / SC/ ST / DT / NT / SBC / HD / DEF / OBC

Any other reserve class- \_\_\_\_\_

.....  
Signature of head clerk

**Remarks: Admitted / Not admitted**

.....  
**Principal**

1. **Name in full** \_\_\_\_\_  
(Capital Letter only) Surname Name Father's Name

