



DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES
[Deemed to be University]

Conferred 'A' Grade status by H.R.D. Ministry Govt. of India.
Re-accredited by NAAC(3rdCycle)with 'A+' Grade
Atrey Layout Pratap Nagar, Nagpur-440022, Maharashtra, India

Ph.No.:0712-3256552,3253764

Fax:0712-2245318 Email:info@dmims.edu.in

Website:dmimsu.edu.in

Office:

Sawangi(Meghe),Wardha-442107,Maharashtra,India

Ph.No.:07152-287701-06,304000

Fax:07152-287714,287719,

Email:medical.wda@sancharnet.in

APPLICATION FORM 2022-23

[For Admission to **Bachelor of Pharmacy and Diploma in Pharmacy**]

To apply for: _____

1. Name in Full: _____
(in Block Letters) (Surname) (First Name) (Middle Name)

2. Date of Birth: _____ 3. Gender: Male/Female/Transgender

4. Mobile Number: _____ 5. Email ID: _____

6. Aadhaar Card Number: _____

7. Religion: _____ 8. Nationality: _____

9. Whether belong to reserved category: Yes/No

If Yes, Category: _____ Caste: _____

10. Name of Father: _____

11. Father's Occupation: Govt. Servant / Private Service / Business / Farmer / Other _____

12. Father's Mobile Number: _____ 13. Father's Email ID: _____

14. Mother's Name: _____ 15. Mother's Mobile No.: _____

16. Permanent Address: _____

17. Local Guardian Address: _____

Recent Passport
size Photograph



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18. Education Details:

H.S.S.C/12th Standard Marks as per Mark Sheet: _____

Total Marks: _____ Marks Obtained: _____ Percentage: _____

Month and Year of Passing H.S.S.C/12th Standard:

Year: _____ Month: _____

Sr. No.	Subject	Total Marks	Marks Obtained
a.	Physics (P)		
b.	Chemistry (C)		
c.	Biology (B)/Maths (M)		

19. Application Fees: _____ By cash/ DD/ RTGS/ UPI/ Internet Banking

If paid by Demand Draft : DD No: _____ Date: _____

Name of the Bank: _____ Branch: _____

If paid by RTGS/UPI/Internet Banking Transaction ID: _____ Date: _____

Name of Bank: _____ Branch: _____

Declaration

1. I hereby declare that I am an Indian National and the particulars given above are correct. In case any information given in this application proves to be false or incorrect, the competent authority conducting the selection can cancel my candidature or admission as the case maybe.
2. I undertake to submit all the required necessary certificates in original for verification at the time of counselling and during the admission process as per rules, failing which, my claim for selection/admission shall be fortified by the competent authority.

Date:

Place:

Signature of Applicant

Signature of Guardian



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For Office Use Only

DOCUMENTS ATTACHED:

Document	Attached (Yes/No)
1) 10 th Standard Mark sheet	
2) 10 th Standard Board Certificate	
3) 12 th Standard Mark sheet	
4) Age, Nationality Domicile Certificate	
5) 12 th Standard Leaving Certificate	
6) Medical Fitness Certificate	
7) Aadhar Card	
8) Receipt of admission fee submitted	
Additional documents required for Candidates belonging to Reserved Category	
1) Caste Certificate	
2) Caste Validity Certificate	
3) Non-Creamy Layer Certificate (OBC/VJ/NT)	

Checked By:

Verified By:

Name: _____

Name: _____

Signature: _____

Signature: _____

Admitted/ Not Admitted:

Date of Admission:

Principal

Datta Meghe College of Pharmacy
