

Ref. No. IHHMR/MBAPM-13/Adm./2021/28  
July 2, 2021

**IHHMR UNIVERSITY**

Ms. Komal Bhauso Bhintade  
A/T Post Bhivadi  
Tal Purandhar  
Pune - 412301  
Maharashtra  
Mob: 7028212637

**Sub: Admission to the MBA Pharmaceutical Management 2021-2023.**

Dear Ms. Bhintade,

Congratulations!

We are pleased to inform you that you have been selected for admission to the MBA Pharmaceutical Management programme for the year 2021-2023.

You are required to deposit the first installment of Admission Fee Rs. 1,80,000/- (Rupees One Lakh Eighty Thousand Only) by July 12<sup>th</sup>, 2021 to confirm your admission and the second installment i.e. Rs. 1,65,000/- (Rupees One Lakh Sixty-Five Thousand Only) on or before July 22<sup>nd</sup>, 2021.

The fee may be paid by RTGS/NEFT or Demand Draft in favor of "IHHMR UNIVERSITY", payable at "Jaipur". The bank details to the University is enclosed for your reference to pay the fees and send it to Accounts Officer, IHHMR University, Jaipur. The name and mobile number of the student should be written at the back of the Demand Draft. The fee plan is mentioned below.

S. No.	Particulars	Amount (Rs.)	Due Date for Payment
1	First Installment	1,80,000	Within 10 days of admission
2	Second Installment	1,65,000	Within 20 days of admission
3	Third Installment	1,65,000	Upto 5th December, 2021
4	Fourth Installment	1,65,000	Upto 5th April, 2022
5	Fifth Installment	1,65,000	Upto 5th August, 2022
	<b>Total</b>	<b>8,40,000</b>	


Students interested to apply for the bank loan should send the required detail in the prescribed format (enclosed for your reference) by email to [admissions@iihmr.edu.in](mailto:admissions@iihmr.edu.in) mentioning the address of the bank in which application is to be made for bank loan.

Candidates awaiting of their results of graduation will be given admission on a provisional basis (for two months). The admission will be valid provided marks in qualifying exam (overall in graduation programme) are 50% or above. If such candidate fails to qualify his/her qualifying examination, he/she will be refunded deposited fees as per the University norms, only on submission of their proof of being unsuccessful in the qualifying examination.

Please bring original certificates/mark sheets along with Xeroxed copies for verification at the time of joining of the Course.

Best wishes

  
Viral Vaishnav  
Manager – Academic Administration

  
**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATHI TABLE  
COLLEGE OF PHARMACY, SWAI  
TAL. PURANDHAR, DIST. PUNE - 412301.



Ref No.: CUPB/MSC(COVIG)/21-22/00001

**ACCEPTANCE LETTER**

Damare Bharat Rajendra  
S/O Rajendra Damare  
Karanjkhop Koregaon Satara Maharashtra -415525

Dear Damare Bharat Rajendra

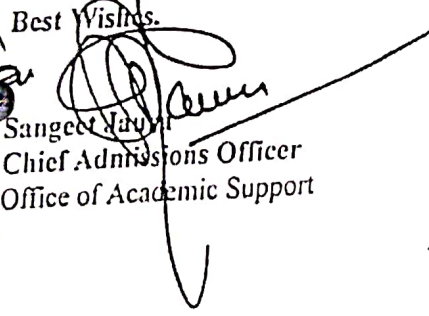
Congratulations on your admission to Chitkara University for the Master (M.Sc) in Pharmacovigilance & Clinical Research (Academic Session, 2021)! For over a decade Chitkara University has proudly welcomed new students, and we are excited for you to be part of this great tradition. This opportunity to join one of the most outstanding student bodies in the country comes in recognition of your academic and personal achievements. Since admission to Chitkara University is a selective process, you should take pride in this accomplishment.

The commitment to the quality of education and student success has become the cornerstone of Chitkara University's growth philosophy, and all efforts and resources are invested to ensure that each student gets the requisite mentorship and skill set to explore their real potential and add value to themselves, their careers, and to the community at large.

In anticipation of the questions you may have, we have assembled some important information in this folder. Please take some time to go through the information carefully.

Keep in mind that all offers of admission are conditional upon your completion of the final requirements for admission. We look forward to having you join us and we hope that the learning experience at the University will make your stay very rewarding personally, academically and professionally.

Best Wishes.

  
Sangeet Jyoti  
Chief Admissions Officer  
Office of Academic Support

  
**PRINCIPAL**

CHITKARA DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH JI  
COLLEGE OF PHARMACY, J. SWAMI  
TAL. PURANDHAR, DIST. PUNJAB - 1412301

University Campus  
Chandigarh - Patiala National Highway (NH-7)  
Punjab - 140 401, T +91.1762.507084  
Fax +91.172.507085

Administrative Office  
Saraswati Kendra, SCO 160 - 161  
Sector 9-C, Chandigarh - 160009





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelstior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-Graduate  
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2020 - 2021



Application ID : MPH20103928

Personal Details

Mode of Admission : Non Sponsored

Full Name	NAZIRKAR MAYURI VIKRAM		
Nationality	Indian	Gender	Female
Date of Birth	17-05-1999	Annual Family Income (₹)	50,001 - 1,50,000
Category-Caste	NT 2 (NT-C)		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GDT1P18c557nq2
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Allotment Details

All India Merit Number	881
Allotted Choice Code	636381710
Allotted Seat Type	GOPEN
Preference No.	3

Reporting Details

Institute	Sinhgad Institute of Pharmacy, Narhe(Ambegaon), Pune		
Tuition Fees (₹)	0/-	Course	636381710-Pharmaceutics
Development Fees (₹)	18221/-	Admission Date	27-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	18221/-		
Remark	OK		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 27-01-2021

Place :

Mayuri  
Signature of The Candidate  
(NAZIRKAR MAYURI VIKRAM)



INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Sinhgad Institute of Pharmacy,  
Narhe(Ambegaon), Pune



Signature of Institute Officer (6363)

PRINCIPAL

Reported On: 27-01-2021 02:15:15 PM

Printed On : 27-01-2021 02:15:18 PM

Last Modified On : 27-01-2021 02:15:15 PM

SINHGAD INSTITUTE OF PHARMACY  
NARHE, PUNE - 411 041

Reported By: 6363

Printed By: 6363

Last Modified By: 6363

Principle  
PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, 3 SWAD  
TAL. PUNE, DIST. PUNE, PIN - 412301





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-Graduate  
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2020 - 2021

Application ID : MPH20102526

Mode of Admission : Non Sponsored

Full Name		KUDALE SNEHAL SADASHIV	
Nationality	Indian	Gender	Female
Date of Birth	25-02-1998	Annual Family Income	7,00,001 - 8,00,000
Category-Caste	OBC		(₹)
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GOROUFWNPeygAG
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Allotment Details

All India Merit Number	718
Allotted Choice Code	636381710
Allotted Seat Type	GOPEN
Preference No.	2

Reporting Details

Institute	Sinhgad Institute of Pharmacy, Narhe(Ambegaon), Pune		
Tuition Fees (₹)	81779/-	Course	636381710-Pharmaceutics
Development Fees (₹)	18221/-	Admission Date	27-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	100000/-		
Remark	OK		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 27-01-2021

Place : Narhe

Signature of The Candidate  
(KUDALE SNEHAL SADASHIV)



INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Sinhgad Institute of Pharmacy,  
Narhe(Ambegaon), Pune

Signature of Institute Officer (6363)

Reported On: 27-01-2021 02:57:25 PM

PRINCIPAL

Printed On : 27-01-2021 02:57:28 PM

Reported By: 6363

Last Modified On : 27-01-2021 02:57:25 PM

Printed By: 6363

Last Modified By: 6363

*P. Chauhan*  
PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GURMAD SETH CHANDRANABLE  
COLLEGE OF PHARMACY, 3, SWAD  
TAL. PHURMUR, DIST. PUNE - 412301





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001, (M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-Graduate  
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2020 - 2021

Application ID : MPH20103867

Mode of Admission : Non Sponsored

Personal Details

Full Name	SHELAR KRUTIKA SANJAY		
Nationality	Indian	Gender	Female
Date of Birth	16-04-1998	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	SC		
Religious Minority/Lingualistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GOLru2RPm6Wsqc
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Allotment Details

All India Merit Number	380
Allotted Choice Code	400681710
Allotted Seat Type	GSC
Preference No.	1

Reporting Details

Institute	Department of Pharmaceutical Sciences, R. T. M. Nagpur University, Nagpur		
Tuition Fees (₹)	8000/-	Course	400681710-Pharmaceutics
Development Fees (₹)	6000/-	Admission Date	28-01-2021
Other Fees (₹)	4327/-	Admission Type	CAP Round
Total Fees (₹)	18327/-		

Remark

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the College/Institute/University/Government and the undertaking given above.

Date: 28-01-2021

Place :

Signature of The Candidate  
(SHELAR KRUTIKA SANJAY)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Department of Pharmaceutical Sciences,  
R. T. M. Nagpur University, Nagpur

Reported On: 28-01-2021 02:21:54 PM

Printed On: 28-01-2021 02:21:57 PM

Last Modified On: 28-01-2021 02:21:54 PM

Signature of Institute Officer (4006)

Department of Pharmaceutical Sciences  
Rashtrapati Tokadoli, Nagpur University,  
Nagpur-465001

Reported By: 4006

Printed By: 4006

Last Modified By: 4006

*P. Chavan*  
PRINCIPAL

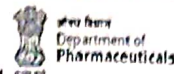
PUNE DISTRICT COLLEGE EDUCATION'S  
SETHI COLLEGE, PUNE  
COLLEGE OF PHARMACY, PUNE  
TAL. PUNE, DIST. PUNE





NIPER JOINT ENTRANCE EXAMINATION - 2021

CONDUCTED BY NIPER, HYDERABAD




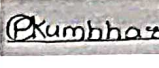
| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |

NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

### Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform that you have been allotted seat in **NIPER Hajipur** as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810000236	
Secret Code	4AA5D2DB4AA	
Hall Ticket No	2111111433	
Candidate's Name	KUMBHAR PRAGATI RAMESH	
All India Rank	1075	
Category Allotted	OBC	
Course Allotted	M.S.(Pharm.) Biotechnology	
Institute Allotted	NIPER Hajipur	

#### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of the Candidate)



PRINCIPAL


PUNE DISTRICT COLLEGE, PURANDHAR  
SET: HON. DISTRICT COLLEGE, PURANDHAR  
COLLEGE, PURANDHAR, DIST. PUNE - 412301.



Kindly note - Admission is provisional till the submission of following documents at the time of reporting at the allotted NIPER.

The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any), failing which, the candidature shall be summarily rejected:

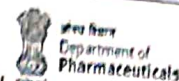
S.No	Please present following documents at the time of admission reporting at the allotted NIPER
1.	Hall Ticket & Rank Card of NIPER JEE 2021.
2.	Birth Certificate/ Matriculation Certificate as a proof of age and correct name.
3.	Original Migration Certificate (Last Attended University/ Institute)
4.	Mark sheets of all the semesters/years of the qualifying degree.
5.	GPAT/GATE/NET score card, wherever applicable.
6.	Attested copy of Aadhar Card.
7.	Medical Certificate to be provided as per Annexure – I of brochure of NIPER JEE 2021.
8.	Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable
9.	Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexure – 2 of brochure of NIPER JEE 2021, if applicable.
10.	Affidavit to be provided in the form of Undertaking provided given in Annexure-3 of brochure of NIPER JEE 2021.
11.	Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given in the form given in Annexure-4 of brochure of NIPER JEE 2021.
12.	Affidavit to be provided in the form of Undertaking in prescribed format given in Annexure-8.
13.	Certificate of reservation, if applicable.
14.	Certificate of reservation and certificate of income (showing non-creamy layer status of the OBC candidates as provided in OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004 of the Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pension or any subsequent order issued by the Government of India in this regard). If applicable.
15.	Certificate of disability, if applicable.
16.	Documentary proof in support of the NRI status. If applicable.

  
**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RACHUNSATIABLE  
COLLEGE OF PHARMACY, ISWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.



NIPER JOINT ENTRANCE EXAMINATION - 2021  
CONDUCTED BY NIPER, HYDERABAD

| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |





NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

## Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform that you have been allotted seat in **NIPER Hajipur** as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810000236	
Secret Code	4AA5D2DB4AA	
Hall Ticket No	2111111433	
Candidate's Name	KUMBHAR PRAGATI RAMESH	
All India Rank	1075	
Category Allotted	OBC	
Course Allotted	M.S.(Pharm.) Biotechnology	
Institute Allotted	NIPER Hajipur	Candidate's Signature

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of the Candidate)



**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RACHUNATHJI TABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.



Admission note - Admission is provisional till the submission of following documents at the time of reporting at the allotted NIPER.

The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any), failing which, the candidature shall be summarily rejected:

No.	Please present following documents at the time of admission reporting at the allotted NIPER
	Hall Ticket & Rank Card of NIPER JEE 2021.
	Birth Certificate/ Matriculation Certificate as a proof of age and correct name.
	<b>Original Migration Certificate (Last Attended University/ Institute)</b>
	Mark sheets of all the semesters/years of the qualifying degree.
	GPAT/GATE/NET score card, wherever applicable.
	Attested copy of Aadhar Card.
	Medical Certificate to be provided as per Annexure – I of brochure of NIPER JEE 2021.
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	Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexure – 2 of brochure of NIPER JEE 2021, if applicable.
10.	Affidavit to be provided in the form of Undertaking provided given in Annexure-3 of brochure of NIPER JEE 2021.
11.	Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given in the form given in Annexure-4 of brochure of NIPER JEE 2021.
12.	Affidavit to be provided in the form of Undertaking in prescribed format given in Annexure-8.
	Certificate of reservation, if applicable.
14.	Certificate of reservation and certificate of income (showing non-creamy layer status of the OBC candidates as provided in OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004 of the Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pension or any subsequent order issued by the Government of India in this regard). If applicable.
15.	Certificate of disability, if applicable.
16.	Documentary proof in support of the NRI status. If applicable.

*P. Chavan*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAICHURATH SABLE  
 COLLEGE OF PHARMACY, KASWAD  
 TAL. PURANDHAR, DIST. NUNE - 412301.



NIPER JOINT ENTRANCE EXAMINATION - 2021

CONDUCTED BY NIPER, HYDERABAD

AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |



NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

### Provisional Seat Allotment Letter

Dear Candidate,  
Congratulations! This is to inform that you have been allotted seat in NIPER Hajipur as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810000301	
Secret Code	AD833BA35D7	
Hall Ticket No	2111111743	
Candidate's Name	LASURE AARTI MAHADEV	
All India Rank	933	
Category Allotted	EWS	
Course Allotted	M.S.(Pharm.) Biotechnology	
Institute Allotted	NIPER Hajipur	

#### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of the Candidate)

**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND SACHINATHI BABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.



kindly note - Admission is provisional till the submission of following documents at the time of reporting at the allotted NIPER.

The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any), failing which, the candidature shall be summarily rejected:

S.No	Please present following documents at the time of admission reporting at the allotted NIPER
1.	Hall Ticket & Rank Card of NIPER JEE 2021.
2.	Birth Certificate/ Matriculation Certificate as a proof of age and correct name.
3.	Original Migration Certificate (Last Attended University/ Institute)
4.	Mark sheets of all the semesters/years of the qualifying degree.
5.	GPAT/GATE/NET score card, wherever applicable.
6.	Attested copy of Aadhar Card.
7.	Medical Certificate to be provided as per Annexure - 1 of brochure of NIPER JEE 2021.
8.	Economically Weaker Sections (EWS) Certificate as per government norms in prescribed format, if applicable
9.	Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexure - 2 of brochure of NIPER JEE 2021, if applicable.
10.	Affidavit to be provided in the form of Undertaking provided given in Annexure-3 of brochure of NIPER JEE 2021.
11.	Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given in the form given in Annexure-4 of brochure of NIPER JEE 2021.
12.	Affidavit to be provided in the form of Undertaking in prescribed format given in Annexure-8.
13.	Certificate of reservation, if applicable.
14.	Certificate of reservation and certificate of income (showing non-creamy layer status of the OBC candidates as provided in OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004 of the Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pension or any subsequent order issued by the Government of India in this regard). If applicable.
15.	Certificate of disability, if applicable.
16.	Documentary proof in support of the NRI status. If applicable.

*R. Chauhan*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVINDJI LUNAT I SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K. Nayak**  
**Marg, Fort, Mumbai-400001. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as**  
**for Admission to First Year Of Two Year Full Time Post-**  
**Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post**  
**Baccalaureate) ) for the year 2020 - 2021**



Application ID : MPH20105529

**Personal Details :**

Full Name	JAGTAP SAGAR DEEPAK		
Nationality	Indian	Date of Birth	08-05-1999
Gender	Male	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



<b>English Medium</b>	No
<b>Graduation Institute</b>	
<b>Graduation Course</b>	

**Institute level Fee is filled by online payment of Rs. 1000/-**

<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_GX0YQS99eEgSLU
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**Institute Details :**

<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune( - - )		
<b>Tuition Fees (₹)</b>	40000/-	<b>Course Name</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	03-02-2021
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat
<b>Total Fees (₹)</b>	40000/-	<b>Remark</b>	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 03-02-2021

**Signature of Candidate**  
(JAGTAP SAGAR DEEPAK)

**Place :** saswad



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**



**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 204  
 2/3/2021, 12:16 PM





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as  
for Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post  
Baccalaureate) ) for the year 2020 - 2021

Application ID : MPH20101715



## Personal Details :

Full Name	MHETRE RASIKA ARVIND	Date of Birth	13-03-1998
Nationality	Indian	Annual Family Income (₹)	3,00,001 - 3,50,000
Gender	Female		
Category-Caste	OBC		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



English Medium ☐ No  
Graduation Institute  
Graduation Course

Institute level Fee is filled by online payment of Rs. 1000/-  
Paid Amount (₹) ₹ 1000/- Payment Status Successful Transaction Id order\_GUKfm3IbtpSUA

Institute Details :  
Institute Name 6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune( - - )  
Tution Fees (₹) 40000/-  
Development Fees (₹) 0/-  
Other Fees (₹) 0/-  
Total Fees (₹) 40000/-  
Course Name 637281710-Pharmaceutics  
Admission Date 03-02-2021  
Admission Type Institute Level Seat  
Remark Reported & Admitted

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Signature of Candidate

(MHETRE RASIKA ARVIND)



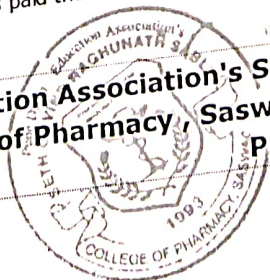
Date: 03-02-2021

Place : Saswad.

## INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune



Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412201

2/2/2021, 2:47





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K. Nayak**  
**Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for**  
**Admission to First Year Of Two Year Full Time Post-Graduate**  
**Course In Pharmacy (M. Pharmacy / Pharm. D. (Post**  
**Baccalaureate) ) for the year 2020 - 2021**

**Mode of Admission : Non Sponsored**

**Application ID : MPH20103904**

**Personal Details**

<b>Full Name</b>	RAUT VAISHNAVI SANTOSH	<b>Gender</b>	Female
<b>Nationality</b>	Indian	<b>Annual Family Income (₹)</b>	15,001 - 50,000
<b>Date of Birth</b>	18-08-1997		
<b>Category-Caste</b>	OBC		
<b>Religious Minority/Linguistic Minority</b>	N.A.		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A	<b>Orphan Status</b>	N.A.
<b>EWS Status</b>	N.A.		

**Seat Acceptance Fee is filled by online payment of Rs. 1000/-**

<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_GOUofzza8DOE1:
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<b>Allotment Details</b>	<b>All India Merit Number</b>	2103
	<b>Allotted Choice Code</b>	637281710
	<b>Allotted Seat Type</b>	GOBC
	<b>Preference No.</b>	4

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune	<b>Course</b>	637281710-Pharmaceutics
<b>Tuition Fees (₹)</b>	60750/-	<b>Admission Date</b>	28-01-2021
<b>Development Fees (₹)</b>	13500/-	<b>Admission Type</b>	CAP Round
<b>Other Fees (₹)</b>	0/-		
<b>Total Fees (₹)</b>	74250/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 28-01-2021

**Place :**

**Signature of The Candidate**

(RAUT VAISHNAVI SANTOSH)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**PRINCIPAL**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE - 410501**

28/01/2021, 12:09 PM



Board of Pennsylvania District Education Association's  
South Central Region with State College of  
Pharmacy, Scranton, Penna

Reported On 05-14-2019 12:25:47 PM

Printed On 05-14-2019 12:25:47 PM

Last Modified On 05-14-2019 12:25:47 PM



*[Handwritten Signature]*  
Signature of Institute Officer (6372)

Reported By: 173

Printed By: 173

Last Modified By: 173





अहमदाबाद  
AHMEDABAD

EDUCATION AND RESEARCH (NIPER)  
U. C. & S. P. 1987

# NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH AHMEDABAD (NIPER-A)

Dept. of Pharmaceuticals, Ministry of  
Chemicals and Fertilizers, Govt. of India



**Apurva Jadhav**  
M.S. (Pharm)

Student ID No. : NIPERA2022BT01  
D.O.J. : 03-11-2020  
Blood Group : A+  
Validity : 30-6-2022

*Apurva Jadhav*

*[Signature]*





**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER)**  
Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareilly, S A S Nagar  
NIPER Joint Entrance Examination 2020 - Master's Programme  
**Registration Form**



Application No.	N003131		
You are Applying for	M.S.(Pharm.)/M.Tech.(Pharm.)/M.Pharm. and MBA		
Applicant Name	Apurva Ramesh Jadhav		
Father's Name	Ramesh vitthal jadhav		
Mother's Name	Darshana ramesh jadhav		
Category	EWS	Date of Birth	25/Jan/1999
Gender	Female	Nationality	Indian
Correspondence Address	Samarth srushti society, Kavdipat, Kadam vak vasti		
State	MAHARASHTRA	Pin-code	412201
Permanent Address	Samarth srushti society, Kavdipat, Kadam vak vasti		
Qualifying Degree - Status	B.Pharm	Appearing	
Qualified in GATE/GPAT/NET - Rank/Score/Percentile	GPAT		2768
College Name	Seth govind ragunath sable college of pharmacy ,saswad		
College Address	Saswad		
University	Savitribai phule pune university		
Aadhar Number	827701418550		
Exam Center	1 Pune	2 Mumbai	3 Surat
Bank Name	State bank of india		
Bank Code	SBIN0018342	Account Number	32342073245
Transaction Number	7524320966701	Order ID	N00313120200612112432233
Amount	4000		

**Undertaking/ Declaration:** I hereby declare that the information furnished by me in the application is correct and nothing has been concealed. In case any information furnished by me is found to be incorrect, my candidature/ registration/admission may be canceled/terminated

Candidate Signature

Place:-  
Date:-





# National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

## NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N003288  
Candidate Name: ROHIT DATTATRAY BHAWALE  
Rank: 431  
Choice No. 7  
Category Allotted: OBC  
Course Allotted: M.S. (Pharm) Pharmaceutics  
Institute Allotted: National Institute of Pharmaceutical Education and Research Guwahati



Applicable Fee: Rs. 78625

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm.)/M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

*R. Chavhan*

**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH DABLE  
COLLEGE OF PHARMACY, JASTHAD  
TAL. PURANDHAR, DIST. PUNE - 412301.





**National Institute Pharmaceutical Education and Research (NIPER)**  
 Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar  
**NIPER Joint Entrance Examination 2020 - Master's Program**  
**Provisional Seat Allotment Letter**

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N004479  
 Candidate Name: ASHOK GOKUL THORBOLE  
 Rank: 137  
 Choice No. 2  
 Category Allotted: EWS  
 Course Allotted: M.S. (Pharm) Pharmaceutical Analysis  
 Institute Allotted: National Institute of Pharmaceutical Education and Research Hyderabad



Applicable Course Fee: 78625

**Undertaking:-**

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm.)/M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

*Pachav*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATHI SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





# National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

## NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

**Congratulations!** This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N003288  
Candidate Name: ROHIT DATTATRAY BHAWALE  
Rank: 431  
Choice No. 7  
Category Allotted: OBC  
Course Allotted: M.S. (Pharm) Pharmaceutics



Institute Allotted: National Institute of Pharmaceutical Education and Research Guwahati

Applicable Fee: Rs. 78625

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
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- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm.)/M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

*P. Chavhan*

**PRINCIPAL**

(Signature of Student)

PLANE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, ISWAD  
TAL. PURANDHAR, DIST. PUNE - 412301





# National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

## NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N002071  
Candidate Name: PRIYANKA KISHOR TELI  
Rank: 314  
Choice No. 10  
Category Allotted: OBC  
Course Allotted: M.S. (Pharm) Medicinal Chemistry



Institute Allotted: National Institute of Pharmaceutical Education and Research Ahmedabad

Applicable Fee: Rs. 78625

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm.)/M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

*(Signature)*

**PRINCIPAL**

PURE DISTRICT EDUCATION ASSOCIATION  
SETH GOVIND RAGHUNATH I LAL  
COLLEGE OF PHARMACY, JISRAO  
TAL. PURANDHAR, DIST. PUN : 412304.





## National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

### NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No: N003553  
Candidate Name: AKSHAY RAHUL BHOSALE  
Rank: 479  
Choice No. 2  
Category Allotted: SC  
Course Allotted: M.S. (Pharm) Pharmaceutics



Institute Allotted: National Institute of Pharmaceutical Education and Research Hyderabad

Applicable Course Fee: 60425

Undertaking:-

*P. Chavhan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION  
SETH GOVIND RACHUNAT I BABU  
COLLEGE OF PHARMACY, J. SWAT  
TAL. PURANDHAR, DIST. PUNE - 412301





# National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

## NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N003130  
Candidate Name: KETKI UMESH GATADE  
Rank: 436  
Choice No. 7  
Category Allotted: OBC  
Course Allotted: M.S. (Pharm) Pharmaceutics  
Institute Allotted: National Institute of Pharmaceutical Education and Research Guwahati



Applicable Course Fee: 78625

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm.)/M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

*P. Chavhan*

**PRINCIPAL**

(Signature of Student)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATHJI TABLE  
COLLEGE OF PHARMACY, ISWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.





# National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

## NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

**Congratulations!** This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N002071  
Candidate Name: PRIYANKA KISHOR TELI  
Rank: 314  
Choice No. 10  
Category Allotted: OBC  
Course Allotted: M.S. (Pharm) Medicinal Chemistry  
Institute Allotted: National Institute of Pharmaceutical Education and Research Ahmedabad



Applicable Fee: Rs. 78625

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm.)/M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

*P. Chavhan*  
**PRINCIPAL**

(Signature of Student)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATHI SABLE  
COLLEGE OF PHARMACY, JASWAD  
TAL. RAICHUR, DIST. PUNE - 412301.





# National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

## NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N003130  
Candidate Name: KETKI UMESH GATADE  
Rank: 436  
Choice No. 7  
Category Allotted: OBC  
Course Allotted: M.S. (Pharm) Pharmaceutics  
Institute Allotted: National Institute of Pharmaceutical Education and Research Guwahati



Applicable Fee: Rs. 78625

### Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
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**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATHI SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.





## Savitribai Phule Pune University

(formerly University of Pune)

We, the Chancellor, the Vice Chancellor and the Members of the Management Council and the Academic Council of the Savitribai Phule Pune University certify that

Jawalkar Yogesh Sonaba, (Mother's Name: Lata

of Shankarrao Ursat College of Pharmaceutical Sciences And Research Centre having been examined and found duly qualified for the degree of

**Master of Pharmacy (Pharmaceutics)**

and placed in the **A Grade** in **June 2016**. The said degree has been conferred on him. In testimony whereof is set the seal of the said University.

## सावित्रीबाई फुले पुणे विद्यापीठ

(पूर्वीचे पुणे विद्यापीठ)

आम्ही, सावित्रीबाई फुले पुणे विद्यापीठाचे कुलपति, कुलगुरु आणि व्यवस्थापन परिषद व विद्या परिषद सदस्य, प्रमाणित करितो की,

जवळकर योगेश सोनबा, आईचे नाव: लता

हे शंकरराव उरसळ कॉलेज ऑफ फार्मासिटिकल सायन्सेस अँड रिसर्च सेंटर, येथून ए श्रेणीत जुन २०१६ मध्ये

**औषधनिर्माण पारंगत ( फार्मास्युटिकल )**

पदवी परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे. याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.



*[Signature]*

Vice Chancellor

30th June 2017

PH16-02363

*[Signature]*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, BASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.





Institute of Chemical Technology  
Institute Of Chemical Technology  
N.M.Parekh Marg, Matunga, Mumbai  
400019 India.

Ph: +91-22-33611111/2222, Fax: +91-22-  
33611020, www.ictmumbai.edu.in



**Fee Receipt(Student Copy - Original)**

Receipt No. : IN/2019-2020/225

Date : 28/06/2019

Student Name : Aishwarya Sunil Poman

Enrollment No. : -

Class : M.Tech - Green Technology (Full-  
Time) [General Shift] 1st  
year[General]

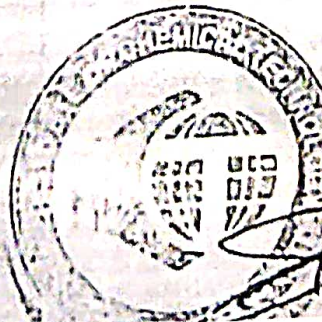
S No.	Particulars	Total (In Rs.)
1	Library Deposit	2,000.00
2	Tuition Fees	15,000.00
3	Development Fees	25,000.00
4	Other Fees	20,000.00
5	Student Dairy	500.00
6	Alumni Association	2,500.00
7	Analytical Ability Test	750.00
8	Certificate Course On Safety And Risk Management	5,000.00
	Total Amount	70,750.00

Amt. in words(Rs.): Seventy Thousand Seven Hundred Fifty Only

Paid by: Demand Draft Rs. 70,750.00 DD No.: 571118 Bank  
Name: STATE BANK OF INDIA Date: 24/06/2019

Signature

(Accounted by : Sachin Kadam Ar And Fa)



*P. Chavan*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RACHUNATI BABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301





अहमदाबाद  
AHMEDABAD

# NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH AHMEDABAD (NIPER-A)

Dept. of Pharmaceuticals, Ministry of  
Chemicals and Fertilizers, Govt. of India



**Priyanka Teli**  
M.S. (Pharm)

Student ID No. : NIPERA2022MC13  
D.O.J. : 02-11-2020  
Blood Group : AB-  
Validity : 30-6-2022

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RACHUNATHI TABLE  
COLLEGE, PUNE, MAHARASHTRA





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of  
Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020

Application ID : MPH19203491

Mode of Admission : Non Sponsored

Personal Details

Full Name KARNVAR ARPANA SANJAY  
Nationality Indian

Gender Female

Date of Birth 02-04-1997

Annual Family Income (₹) 50,001 - 1,00,000



Category-Caste NT 2 (NT-C) -Dhangar

Religious  
Minority/Linguistic N.A.  
Minority

PWD Type N.A.

Type of Candidature Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number 2909  
Allotted Choice Code 636481710  
Allotted Seat Type GITC  
Preference No. 4

Reporting Details

Institute Progressive Education Society's Modern College of Pharmacy (for Women), Moshi.  
(Tal.Haveli)

Course 636481710-Pharmaceutics

Tuition Fees (₹) 0/-

Admission Date 13-08-2019

Development Fees (₹) 10321/-

Admission Type CAP Round

Other Fees (₹) 0/-

Total Fees (₹) 10321/-

Remark

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:13-08-2019

Signature of The Candidate  
(KARNVAR ARPANA SANJAY)



Place :

INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Progressive Education Society's Modern  
College of Pharmacy (for Women), Moshi.  
(Tal.Haveli)



Signature of Institute Officer (6364)

Reported On:13-08-2019 12:18:56 PM

Reported By:6364

Printed On:13-08-2019 12:19:16 PM

Printed By:6364

Last Modified On :13-08-2019 12:18:56 PM

Last Modified By:6364

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PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAJHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.



 HYDERABAD



एक कदम स्वच्छता की ओर राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान  
National Institute of Pharmaceutical Education & Research, Hyderabad  
Department of Pharmaceuticals  
Ministry of Chemicals & Fertilizers, Govt. of India  
**STUDENT IDENTITY CARD**

Name : Bhosale Akshay Rahul

Registration No : PE/2020/304

Course : M.S. (Pharma) Pharmaceutics

Date of Birth : 05-Aug-98

Vaild : Nov/2020 - July/2022

*S. Ganapathy*

Registrar



*P. Schavan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAM HONAYTH SABLE  
COLLEGE OF PHARMACY, HASWAD  
TAL. PURA DHAR, DIST. PUNE - 412301.





Sinhgad Institutes

*27 Years of Academic Excellence*

**Smt. Kashibai Navale College of  
Pharmacy (SKNCOP), Kondhwa (Bk.)**

**Hingane Supriya**

Date of Birth

**3/10/1998**

Blood Group

**AB(+ve)**

Course

**Pharmacy (M. Pharm.)**

Unique ID

**RVSZY20**

Email Address

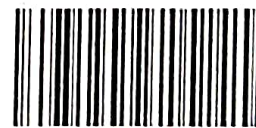
**supriya.rvszy20@sinhgad.edu**



**STUDENT**

  
Principal / Director Sign

**2023**  
Valid Until



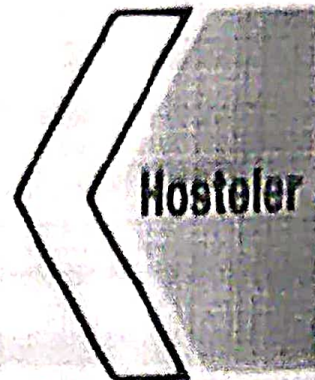
RVSZY20

  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND K. SETHI SABLE  
COLLEGE OF PHARMACY, KONDHWA  
TAL. KONDHWA, DIST. PUNE - 417301.



**INSTITUTE OF CHEMICAL TECHNOLOGY**  
**CATEGORY I DEEMED TO BE UNIVERSITY**  
**MUMBAI-400019**  
**GREEN TECHNOLOGY**



*Admission*

Roll No.: **19GRT201**



**Poman**  
(Last Name)

**Aishwarya**  
(First Name)

**Sunil**  
(Middle Name)

**Class: M. Tech**

**Year: 2019-20**  
**Validity: JUN-2021**

Registrar: *RR Deshpande*

*Exch...*

**PRINCIPAL**

PUNE DISTRICT COLLEGE ASSOCIATION'S  
SETHI GOVINDJIJI NATHI SABLE  
COLLEGE OF ENGINEERING, PUNE  
TE...



2



सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State,  
Mumbai**

**8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)**

**Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020**

Application ID : MPH19201642

Mode of Admission : Non Sponsored

## Personal Details

Full Name	BORAWAKE PAYAL DNYANESHWAR		
Nationality	Indian	Gender	Female
Date of Birth	15-03-1998	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OBC -Mali		
Religious			
Minority/Linguistic Minority	N.A		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



## Allotment Details

All India Merit Number	573
Allotted Choice Code	637281710
Allotted Seat Type	GOPEN
Preference No.	1

## Reporting Details

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
Tuition Fees (₹)	48222/-	Course	637281710-Pharmaceutics
Development Fees (₹)	13778/-	Admission Date	22-07-2019
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	62000/-		

## Remark Reported &amp; Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:22-07-2019

*Payal*  
Signature of The Candidate  
(BORAWAKE PAYAL DNYANESHWAR)

Place : Saswad



## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.

7/22/2019, 12:43 PM



(9)



**State Common Entrance Test Cell, Maharashtra State,  
Mumbai**

**8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)**

**Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020**

Application ID : MPH19204217

Mode of Admission : Non Sponsored

## Personal Details

Full Name BHOSALE AISHWARYA RAJENDRA

Nationality Indian

Gender Female

Date of Birth 12-04-1997

Annual Family 3,00,001 -  
Income (₹) 3,50,000

Category-Caste OPEN

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

Type of  
Candidature Maharashtra State Candidate - Type A

## Allotment Details

All India Merit Number 1046

Allotted Choice Code 637281710

Allotted Seat Type GNTB

Preference No. 1

## Reporting Details

Institute Poona District Education Association's Seth Govind Raghunath Sable  
College of Pharmacy, Saswad, Pune

Tution Fees (₹) 62000/-

Course 637281710-  
Pharmaceutics

Development Fees (₹) 0/-

Admission Date 13-08-2019

Other Fees (₹) 0/-

Admission Type CAP Round

Total Fees (₹) 62000/-

## Remark Reported &amp; Admitted

**Declaration by Candidate** : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2019

Signature of The Candidate

(BHOSALE AISHWARYA RAJENDRA)



Place : Saswad

## INSTITUTE USE ONLY

**Declaration by the College/Institute** : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, D. ST. PUNE - 412301.

8/13/2019, 1:27 P





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course In  
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year  
2019 - 2020



Application ID : MPH19204278

**Personal Details :**

Full Name	PAWAR TRIVENI PRADIP			 Paul
Nationality	Indian	Date of Birth	15-11-1997	
Gender	Female	Annual Family Income (₹)	8,00,001 - 9,00,000	
Category-Caste	OPEN			
Applied For EWS	No			
PH Type	N.A.			
Type of Candidature	Maharashtra State Candidate - Type A			
English Medium	No			
Graduation Institute				
Graduation Course				

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹ )	₹ 1000/-	Payment Status	Successful	Transaction Id	f6e4fb06e3d369498563
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**Institute Details :**

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	11222/-	Course Name	637281710-Pharmaceutics
Development Fees (₹)	13778/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	25000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

Place :

Signature of Candidate  
(PAWAR TRIVENI PRADIP)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412301

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course In  
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year  
2019 - 2020



Application ID : MPH19203110

**Personal Details :**

Full Name	KAUSLYA ARUMUGAM	Date of Birth	27-07-1997
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Gender	Female		
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



A. Souda

English Medium	No
Graduation Institute	
Graduation Course	

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	e54112972d4e10bfc90
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**Institute Details :**

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	51222/-	Course Name	637281710-Pharmaceutics
Development Fees (₹)	13778/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	65000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

Place :

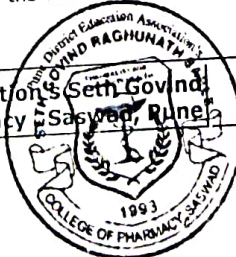
**Signature of Candidate**  
(KAUSLYA ARUMUGAM)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune



**Signature of Institute Officer (6372)**

**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412301.

8/20/2019, 3:34 PM





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course  
In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2019 - 2020



Application ID : MPH19202913

## Personal Details :

Full Name	TANPURE PRAJAKTA ROHIDAS		
Nationality	Indian	Date of Birth	14-09-1997
Gender	Female	Annual Family Income (₹)	10,00,001 - 15,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Signature

English Medium No

Graduation Institute

Graduation Course

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	a3299aab313fbb2acc85
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## Institute Details :

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	36222/-	Course Name	637282110-Pharmacology
Development Fees (₹)	13778/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Against CAP
Total Fees (₹)	50000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

Place :

Signature  
Signature of Candidate  
(TANPURE PRAJAKTA ROHIDAS)



## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S

SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD

TAL. PUNAWAR, DIST. PUNE-412 301





(3)



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course  
In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2019 - 2020



Application ID : MPH19201590

## Personal Details :

Full Name	MALAVADKAR POONAM RAMACHANDRA		
Nationality	Indian	Date of Birth	11-07-1996
Gender	Female	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
English Medium	No		
Graduation Institute			
Graduation Course			



Poonam

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	148a9fa735c32f744a97
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## Institute Details :

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	10000/-	Course Name	637282110-Pharmacology
Development Fees (₹)	0/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	10000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

Signature of Candidate

(MALAVADKAR POONAM RAMACHANDRA)

Place :

**PRINCIPAL**  
POONA DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412301



**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)

POONA DISTRICT EDUCATION ASSOCIATION'S

SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD

TAL. PURANDHAR, DIST. PUNE-412301





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course  
In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2019 - 2020



Application ID : MPH19202740

## Personal Details :

Full Name	MEMANE PRANESH PANDURANG		
Nationality	Indian	Date of Birth	13-03-1997
Gender	Male	Annual Family Income (₹)	9,00,001 - 10,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
English Medium	No		
Graduation Institute			
Graduation Course			



*Pranesh*

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	f3dc4510f28a7b801c65
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## Institute Details :

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	48222/-	Course Name	637282110-Pharmacology
Development Fees (₹)	13778/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Against CAP
Total Fees (₹)	62000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

Place :

*Pranesh*

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301

*Pranesh*  
Signature of Candidate  
(MEMANE PRANESH PANDURANG)



**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institut for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301





**State Common Entrance Test Cell, Maharashtra State,  
Mumbai**

**8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)**

**Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020**

**Application ID : MPH19201127**

**Mode of Admission : Non Sponsored**

**Personal Details**

<b>Full Name</b>	BHONGALE SURAJ VIKAS		
<b>Nationality</b>	Indian	<b>Gender</b>	Male
<b>Date of Birth</b>	24-02-1998	<b>Annual Family Income (₹)</b>	7,00,001 - 8,00,000
<b>Category-Caste</b>	OBC - Mali		
<b>Religious</b>			
<b>Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



**Allotment Details**

<b>All India Merit Number</b>	910
<b>Allotted Choice Code</b>	637282210
<b>Allotted Seat Type</b>	GOPEN
<b>Preference No.</b>	1

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
<b>Tuition Fees (₹)</b>	46222/-	<b>Course</b>	637282210- Pharmaceutical Chemistry
<b>Development Fees (₹)</b>	13778/-	<b>Admission Date</b>	22-07-2019
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	60000/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 22-07-2019

**Place :** Saswad

**Signature of The Candidate**  
(BHONGALE SURAJ VIKAS)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of

**Principal**  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.

7/22/2019, 1:12 PM



20/08/2019

M - Pharmacy 2019 - 2020



(3)



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course  
In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2019 - 2020



Application ID : MPH19201590

Personal Details :

Full Name	MALAVADKAR POONAM RAMACHANDRA		
Nationality	Indian	Date of Birth	11-07-1996
Gender	Female	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Poonam

English Medium No

Graduation Institute

Graduation Course

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	1000/-	Payment Status	Successful	Transaction Id	148a9fa735c32f744a97
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Institute Details :

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	10000/-	Course Name	637282110-Pharmacology
Development Fees (₹)	0/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	10000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301

Place :

Signature of Candidate  
(MALAVADKAR POONAM RAMACHANDRA)



**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course  
In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2019 - 2020



Application ID : MPH19202740

### Personal Details :

Full Name	MEMANE PRANESH PANDURANG	Date of Birth	13-03-1997
Nationality	Indian	Annual Family Income (₹)	9,00,001 - 10,00,000
Gender	Male		
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



*Pranesh*

English Medium	No
Graduation Institute	
Graduation Course	

Seat Acceptance Fee is filled by online payment of Rs. 1000/-	Transaction Id	f3dc4510f28a7b801c65
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Paid Amount (₹) <input type="checkbox"/> 1000/-	Payment Status	Successful
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Institute Details :		6372 - Poona District Education Association's Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)	
Institute Name		Course Name	637282110-Pharmacology
Tution Fees (₹)	48222/-	Admission Date	20-08-2019
Development Fees (₹)	13778/-	Admission Type	Against CAP
Other Fees (₹)	0/-	Remark	Reported & Admitted
Total Fees (₹)	62000/-		

I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that the Principal/Director of the institute/college will not behave in a manner which may result in compelling the institute to follow the rules prescribed by the Government.

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

Place :

*Pranesh*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD

*Pranesh*  
**Signature of Candidate**  
(MEMANE PRANESH PANDURANG)



**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

*Pranesh*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301

<https://admission3cel2019.mahacet.org.in/cel2019/19InstituteReport.php/InstituteLevelAdmissionsControl/AdmissionReceiptId-Mjc5Nw>





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001. (M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course  
In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the  
year 2019 - 2020



Application ID : MPH19202913

## Personal Details :

Full Name	TANPURE PRAJAKTA ROHIDAS		
Nationality	Indian	Date of Birth	14-09-1997
Gender	Female	Annual Family Income (₹)	10,00,001 - 15,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		

English Medium ☐ No

Graduation Institute

Graduation Course

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	a3299aab313fbb2acc85
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## Institute Details :

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	36222/-	Course Name	637282110-Pharmacology
Development Fees (₹)	13778/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Against CAP
Total Fees (₹)	50000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412301.

Signature of Candidate  
(TANPURE PRAJAKTA ROHIDAS)



Place :

## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412301





**State Common Entrance Test Cell, Maharashtra State,  
Mumbai**

**8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)**

**Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020**

**Application ID : MPH19201127**

**Mode of Admission : Non Sponsored**

**Personal Details**

<b>Full Name</b>	BHONGALE SURAJ VIKAS		
<b>Nationality</b>	Indian	<b>Gender</b>	Male
<b>Date of Birth</b>	24-02-1998	<b>Annual Family Income (₹)</b>	7,00,001 - 8,00,000
<b>Category-Caste</b>	OBC - Mali		
<b>Religious</b>	N.A.		
<b>Minority/Linguistic Minority</b>	N.A.		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



**Allotment Details**

<b>All India Merit Number</b>	910
<b>Allotted Choice Code</b>	637282210
<b>Allotted Seat Type</b>	GOPEN
<b>Preference No.</b>	1

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune	
<b>Tuition Fees (₹)</b>	46222/-	<b>Course</b>

<b>Development Fees (₹)</b>	13778/-	<b>Admission Date</b>	22-07-2019
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	60000/-		

**Remark Reported & Admitted**

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 22-07-2019

**Place :** Saswad

**Signature of The Candidate**  
(BHONGALE SURAJ VIKAS)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of

**PRINCIPAL**

**PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.**

7/22/2019, 1:12



(9)



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course In  
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year  
2019 - 2020



Application ID : MPH19203110

Personal Details :

Full Name	KAUSLYA ARUMUGAM	Date of Birth	27-07-1997
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Gender	Female		
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	H.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



A. Sable

English Medium	No
Graduation Institute	
Graduation Course	
Seat Acceptance Fee is filled by online payment of Rs. 1000/-	
Paid Amount (₹)	₹ 1000/-
Payment Status	Successful
Transaction Id	e54112972d4e10bfc90

Institute Details :	
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)
Tuition Fees (₹)	51222/-
Development Fees (₹)	14778/-
Other Fees (₹)	0/-
Total Fees (₹)	65000/-
Course Name	637281710-Pharmaceutics
Admission Date	20-08-2019
Admission Type	Institute Level Seat
Remark	Reported & Admitted

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.

Signature of Candidate  
(KAUSLYA ARUMUGAM)



Place :

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301

8/20/2019, 3:34 PM





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-  
400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Level Admission as for  
Admission to First Year Of Two Year Full Time Post-Graduate Course In  
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year  
2019 - 2020



Application ID : MPH19204278

**Personal Details :**

Full Name	PAWAR TRIVENI PRADIP		
Nationality	Indian	Date of Birth	15-11-1997
Gender	Female	Annual Family Income (₹)	8,00,001 - 9,00,000
Category-Caste	OPEN		
Applied For EWS	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Pawar

English Medium No

Graduation Institute

Graduation Course

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	f6e4fb06e3d369498563
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**Institute Details :**

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	11222/-	Course Name	637281710-Pharmaceutics
Development Fees (₹)	13778/-	Admission Date	20-08-2019
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	25000/-	Remark	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 20-08-2019

**PRINCIPAL**

Signature of Candidate  
(PAWAR TRIVENI PRADIP)



Place :

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Signature of Institute Officer (6372)  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412 301

8/20/2019, 3:31 PM



State Common Entrance Test Cell, Maharashtra State,  
Mumbai

8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020

Mode of Admission : Non Sponsored

Application ID : MPH19204217

Personal Details

Full Name BHOSALE AISHWARYA RAJENDRA

Gender Female

Nationality Indian

Annual Family Income (₹) 3,00,001 -  
3,50,000



Bhosale

Date of Birth 12-04-1997

Category-Caste OPEN

Religious  
Minority / Linguistic N.A  
Minority

PWD Type N.A.

Type of  
Candidature

Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number 1046

Allotted Choice Code 637281710

Allotted Seat Type GNTB

Preference No. 1

Reporting Details

Institute Poona District Education Association's Seth Govind Raghunath Sable  
College of Pharmacy, Saswad, Pune

Course 637281710-  
Pharmaceutics

Tuition Fees (₹) 62000/-

Admission Date 13-08-2019

Development Fees (₹) 0/-

Admission Type CAP Round

Other Fees (₹) 0/-

Total Fees (₹) 62000/-

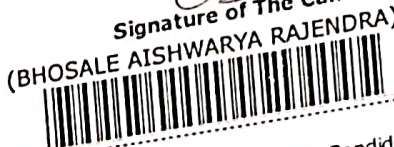
Remark Reported & Admitted

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by  
Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a  
manner which may result in compelling the authorities to take disciplinary action against me. I fully  
understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from  
the institute, for any infringement of the rules prescribed by the college/institute/university/Government  
and the undertaking given above.

Date: 13-08-2019

Place : Saswad

Signature of The Candidate  
(BHOSALE AISHWARYA RAJENDRA)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate  
to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy  
(M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of  
Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL PURANDHAR, DIST PUNE - 412301

8/13/2019, 1:27 PM



(3)

State Common Entrance Test Cell, Maharashtra State,  
Mumbai

8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020

Mode of Admission : Non Sponsored

Application ID : MPH19204217

Personal Details

Full Name BHOSALE AISHWARYA RAJENDRA

Nationality Indian

Date of Birth 12-04-1997

Category-Caste OPEN

Religious  
Minority/Linguistic N.A.  
Minority

PWD Type N.A.

Type of  
Candidature

Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number 1046

Allotted Choice Code 637281710

Allotted Seat Type GNTB

Preference No. 1

Reporting Details

Institute Poona District Education Association's Seth Govind Raghunath Sable  
College of Pharmacy, Saswad, Pune

Course 637281710-  
Pharmaceutics

Tuition Fees (₹) 62000/-

Development Fees (₹) 0/-

Other Fees (₹) 0/-

Total Fees (₹) 62000/-

Admission Date 13-08-2019

Admission Type CAP Round

Remark Reported & Admitted  
Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by  
Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a  
manner which may result in compelling the authorities to take disciplinary action against me. I fully  
understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from  
the institute, for any infringement of the rules prescribed by the college/institute/university/Government  
and the undertaking given above.

Date: 13-08-2019

Place : Saswad

Signature of The Candidate  
(BHOSALE AISHWARYA RAJENDRA)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate  
to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy  
(M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of  
Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PHARWADHAR, DIST. PUNE - 412301.

8/13/2019, 1:27 PM



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**State Common Entrance Test Cell, Maharashtra State,  
Mumbai**

**8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)**

**Receipt-cum-Acknowledgement of Institute Reporting for  
Admission to First Year Of Two Year Full Time Post-  
Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.  
(Post Baccalaureate) ) for the year 2019 - 2020**

Application ID : MPH19201642

Mode of Admission : Non Sponsored

## Personal Details

Full Name BORAWAKE PAYAL DNYANESHWAR

Nationality Indian

Gender Female

Date of Birth 15-03-1998

Annual Family Income (₹) 50,001 -

1,00,000

Category-Caste OBC -Mali

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

Type of

Candidature

Maharashtra State Candidate - Type A



## Allotment Details

All India Merit Number 573

Allotted Choice Code 637281710

Allotted Seat Type GOPEN

Preference No. 1

## Reporting Details

Institute Poona District Education Association's Seth Govind Raghunath Sable  
College of Pharmacy, Saswad, Pune

Tution Fees (₹) 48222/-

Course 637281710-  
Pharmaceutics

Development Fees (₹) 13778/-

Admission Date 22-07-2019

Other Fees (₹) 0/-

Admission Type CAP Round

Total Fees (₹) 62000/-

Remark Reported &amp; Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 22-07-2019

*Payal*  
Signature of The Candidate  
(BORAWAKE PAYAL DNYANESHWAR)

Place : Saswad



## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that

*P. Chauhan*  
PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUR. 412301.





## PROVISIONAL ADMISSION ORDER

This is to certify that the following candidate had applied and appeared for our All India Entrance Test for admission to MPHARM courses. Based on the All India Merit she/he has been provisionally selected for admission at our constituent institution for the academic year 2018-19.

NAME	: RAKESH MAGARAM CHOUDHARY	ROLL NO.	: 180602005
FEES	: INR 3,44,000(ONLINE PAYMENT)	RANK	: 129
CATEGORY	: GENERAL	DATE OF ADMISSION:	18/06/2018
COURSE ADMITTED	: MPharm Pharmaceutical Chemistry	CLASSES	: 18/07/2018
COLLEGE	: M C O P S, Manipal	REPORTING DATE	: 18/07/2018

Documents for verification during admission.

### DOCUMENTS PRODUCED AND VERIFIED

E - HALL TICKET  
PHOTOGRAPHS  
FEES

### DOCUMENTS NOT VERIFIED

MARKS CARD/S  
DEGREE CERTIFICATE  
CONDUCT CERTIFICATE

*Original not collect*

The candidate is required to report to the admission office on or before the commencement of classes to complete the admission formalities. No candidate will be enrolled in the college on the basis of PROVISIONAL ADMISSION ORDER.

Note : Please note that subsequent annual course fees must be paid on or before the deadline specified by the respective institution.

PROVISIONAL ADMISSION SUBJECT TO SUBMISSION OF MARKS CARD/S, DEGREE CERTIFICATE, CONDUCT CERTIFICATE BY 18/07/2018.

*PGKini*

Director Admission

STN/128/18/3126859

Dated : 18/06/2018

ALL ADMISSIONS ARE SUBJECT TO FULFILLMENT OF ALL THE ELIGIBILITY CONDITIONS BY THE CANDIDATE. IF IT IS FOUND AT A LATER STAGE, DURING ACTUAL VERIFICATION, THAT THE CANDIDATE HAS GIVEN FALSE INFORMATION / CERTIFICATE OR IS FOUND TO HAVE CONCEALED SOME INFORMATION, HIS/HER ADMISSION WILL BE CANCELLED WITHOUT ANY NOTICE. JURISDICTION FOR DISPUTE IF ANY SHALL BE AT UDUPI COURT MANDATORY STATE ONLY.




**PRINCIPAL**

PUNE DISTRICT EDUCATION  
SETH GOVIND RAGHUNATH  
COLLEGE OF PHARMACY, 3, SWAMI  
TAL. PURANDHAR, DIST. PUNE-412304





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

<b>Application ID : MPH18101747</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>Personal Details :</b>				
<b>Full Name</b>	THOMBARE RUTUJA ULHAS			
<b>Nationality</b>	Indian	<b>Date of Birth</b>		21-06-1996
<b>Gender</b>	Female	<b>Annual Family Income (₹)</b>		5,00,001 - 5,50,000
<b>Category-Caste</b>	OPEN			
<b>PH Type</b>	N A			
<b>Type of Candidature</b> Maharashtra State Candidate - Type Maharashtra State Candidate - Type A				
<b>B-Pharmacy Details</b>				
<b>B.Pharmacy Status</b>	Passed	<b>B. Pharmacy University</b>	Savitribai Phule Pune University	
<b>Qualification Details:</b>				
<b>Examination</b>	<b>Marks Obtained</b>	<b>Out of</b>	<b>Percentage</b>	
<b>B.Pharmacy Final Year/Semester</b>	3006	4800	62.62	
<b>12th/H.S.C. Aggregate</b>	337	650	51.85	
<b>10th/S.S.C. Aggregate</b>	432	550	78.55	
<b>Institute Details :</b>				
<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)			
<b>Tuition Fees (₹)</b>	20000/-	<b>Course Name</b>	637282210-Pharmaceutical Chemistry	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2018	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat	
<b>Total Fees (₹)</b>	20000/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Institute of the Institute/College will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the Government of Maharashtra, and the undertaking given above.

Date: 29-08-2018

*Rutuja Thombare*  
**Signature of The Candidate**  
 (THOMBARE RUTUJA ULHAS)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

Reported On: 29-08-2018 03:01:09 PM  
 Printed On : 29-08-2018 03:01:11 PM  
 Last Modified On : 29-08-2018 03:01:09 PM



*H. H. H.*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 Reported By: 6372  
 Printed By: 6372  
 Last Modified By: 6372

*P. Chavan*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Additional Round for Admission to First Year Of Two Year**  
**Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18101765

Sponsorship Status : Non Sponsored

**Personal Details :**

Full Name	ZAGADE PRATIK RAJENDRA			
Nationality	Indian	Date of Birth	01-02-1996	
Gender	Male	Annual Family Income (₹)	5,50,001 - 6,00,000	
Category-Caste	OBC - Mali			
PH Type	N.A.			
Type of Candidature	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			

<b>B-Pharmacy Details</b>		Savitribai Phule Pune University	
B.Pharmacy Status	Passed	B. Pharmacy University	

Qualification Details:		Out of	Percentage
Examination	Marks Obtained		
B.Pharmacy Final Year/Semester	2907	4800	60.56
12th/H.S.C. Aggregate	286	600	47.67
10th/S.S.C. Aggregate	377	500	75.4

<b>Institute Details :</b>		6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)	
Institute Name		Course Name	637282210-Pharmaceutical Chemistry
Tuition Fees (₹)	20000/-	Admission Date	29-08-2018
Development Fees (₹)	0/-	Admission Type	Against CAP
Other Fees (₹)	0/-	Remark	Reported & Admitted
Total Fees (₹)	20000/-		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:29-08-2018

Place: Pune

Signature of The Candidate  
(ZAGADE PRATIK RAJENDRA)

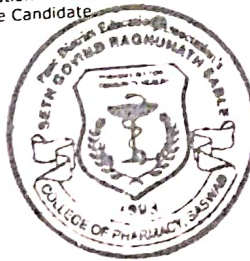


**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Reported On:29-08-2018 02:56:21 PM  
 Printed On : 29-08-2018 02:58:47 PM  
 Last Modified On :29-08-2018 02:56:21 PM



Signature of Institute Officer (6372)

Reported By:6372  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301

*P. Chavhan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

**Application ID : MPH18101641**

**Mode of Admission : Non Sponsored**

**Personal Details**

<b>Full Name</b>	RAUT KIRTI SUNIL		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	16-11-1996	<b>Annual Family Income (₹)</b>	5,00,001 - 5,50,000
<b>Category-Caste</b>	OBC -Mali		
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



*ps Raut*

**Allotment Details**

**All India Merit Number** 550

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	30000/-	<b>Course</b>	637282210-Pharmaceutical Chemistry
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	16-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round 1
<b>Total Fees (₹)</b>	30000/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 16-08-2018

*ps Raut*  
**Signature of The Candidate**  
 (RAUT KIRTI SUNIL)



**Place :**

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Signature of Institute Officer (6372)**

**Reported On:** 16-08-2018 04:13:34 PM

**Printed On :** 16-08-2018 04:13:47 PM

**Last Modified On :** 16-08-2018 04:13:34 PM

**Reported By: 6372**  
**Printed By: 6372**

**Last Modified By: 6372**

*Prachin*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18102267

Mode of Admission : Non Sponsored

**Personal Details**

Full Name	MUNDE VIJAY PREMCHAND		
Nationality	Indian	Gender	Male
Date of Birth	19-01-1997	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	NT 3 (NT-D) -Vanjari		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



**Allotment Details**

All India Merit Number	522
Allotted Choice Code	637281710
Allotted Seat Type	GOPEN
Preference No.	4

**Reporting Details**

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
Tution Fees (₹)	0/-	Course	637281710-Pharmaceutics
Development Fees (₹)	10000/-	Admission Date	18-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	10000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 18-08-2018

Place : Saswad

**Signature of The Candidate**  
(MUNDE VIJAY PREMCHAND)



**INSTITUTE USE ONLY**

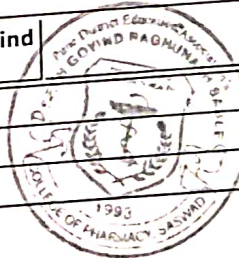
**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

**Signature of Institute Officer (6372)**  
**PRINCIPAL**

Reported On: 18-08-2018 12:43:16 PM  
 Printed On : 18-08-2018 12:43:25 PM  
 Last Modified On : 18-08-2018 12:43:16 PM

SETH GOVIND RAG  
 COLLEGE OF PHARM  
 Last Modified By: 6372



**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18101800

Mode of Admission : Non Sponsored

Personal Details			
Full Name	PETKAR POOJA ANANT		
Nationality	Indian	Gender	Female
Date of Birth	13-01-1996	Annual Family Income (₹)	1,50,001 - 2,00,000
Category-Caste	OBC -Shimpi		
Religious Minority/Linguistic Minority	N.A		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



*Pooja*

Allotment Details	
All India Merit Number	2605
Allotted Choice Code	637282210
Allotted Seat Type	GOBC
Preference No.	4

Reporting Details			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	30000/-	Course	637282210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	16-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	30000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the College/institute/university/Government and the undertaking given above.

*Pooja*  
**Signature of The Candidate**  
 (PETKAR POOJA ANANT)



Date: 16-08-2018

Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

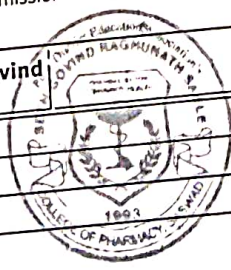
**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

*[Signature]*  
**Signature of Institute Officer (6372)**

POONA DISTRICT EDUCATION ASSOCIATION  
**Reported By: 6372**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. DHIRAPUR, DIST. PUNE. Printed By: 6372**

**Reported On:** 16-08-2018 04:10:15 PM  
**Printed On :** 16-08-2018 04:14:00 PM  
**Last Modified On :** 16-08-2018 04:10:15 PM

**Last Modified By: 6372**



*[Signature]*  
**PRINCIPAL**  
 POONA DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. DHIRAPUR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18102712

Mode of Admission : Non Sponsored

**Personal Details**

Full Name	MALSHIKARE SWAPNALI SANJAY		
Nationality	Indian	Gender	Female
Date of Birth	26-02-1997	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	NT 2 (NT-C) -Shegar		
Religious	N.A		
Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



**Allotment Details**

All India Merit Number	1745
Allotted Choice Code	637281710
Allotted Seat Type	GSC
Preference No.	1

**Reporting Details**

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
Tution Fees (₹)	0/-	Course	637281710-Pharmaceutics
Development Fees (₹)	10174/-	Admission Date	16-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	10174/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Signature of The Candidate**  
(MALSHIKARE SWAPNALI SANJAY)



Date: 16-08-2018

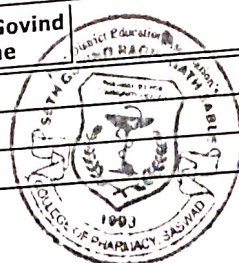
Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Signature of Institute Officer (6372)**

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**



Reported On: 16-08-2018 03:09:27 PM  
Printed On: 16-08-2018 03:09:38 PM  
Last Modified On: 16-08-2018 03:09:27 PM

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**Seth Govind Raghunath Sable College of Pharmacy, Saswad**  
TAL. PURANDHAR, DIST. PUNE - 412301  
**Reported By: 6372**  
**Printed By: 6372**  
**Last Modified By: 6372**

**Principal**  
**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
TAL. PURANDHAR, DIST. PUNE - 412301




**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Registration ID : MPH18101942

Sponsorship Status : Non Sponsored

**Personal Details :**

<b>Full Name</b>	DURGUD MANDAR SANJAY			
<b>Nationality</b>	Indian	<b>Date of Birth</b>	06-09-1995	
<b>Gender</b>	Male	<b>Annual Family Income (₹)</b>	7,00,001 - 8,00,000	
<b>Category-Caste</b>	OPEN			
<b>PH Type</b>	N.A.			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			

**B-Pharmacy Details**

<b>Pharmacy Status</b>	Passed	<b>B. Pharmacy University</b>	Savitribal Phule Pune University
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**Qualification Details:**

Examination	Marks Obtained	Out of	Percentage
B. Pharmacy Final Year/Semester	2835	4800	59.06
12th/H.S.C. Aggregate	353	600	58.83
10th/S.S.C. Aggregate	413	500	82.6

**Institute Details :**

<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)		
<b>Tuition Fees (₹)</b>	30000/-	<b>Course Name</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat
<b>Total Fees (₹)</b>	30000/-	<b>Remark</b>	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:29-08-2018

*Mandar*  
**Signature of The Candidate**  
 (DURGUD MANDAR SANJAY)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First-Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

Reported On:29-08-2018 12:30:46 PM  
 Printed On : 29-08-2018 12:30:49 PM  
 Last Modified On :29-08-2018 12:30:46 PM



*[Signature]*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE-412 301


*[Signature]*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE - 412301.



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Additional Round for Admission to First Year Of Two Year**  
**Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18103383 Sponsorship Status : Non Sponsored

<b>Personal Details :</b>		
Full Name	MULANI SHABNAM POPAT	
Nationality	Indian	
Gender	Female	
Category-Caste	OBC - Khatik	
Applied For EBC	No	
PH Type	N.A.	
Type of Candidature	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A	

<b>B-Pharmacy Status</b>		<b>B-Pharmacy Details</b>	
Passed		Savitribai Phule Pune University	

Examination	Qualification Details:		Out of	Percentage
	Marks Obtained			
B.Pharmacy Final Year/Semester	2863		4800	59.65
12th/H.S.C. Aggregate	246		600	41
10th/S.S.C. Aggregate	342		500	68.4

<b>Institute Details :</b>	
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)
Tuition Fees (₹)	20000/-
Development Fees (₹)	0/-
Other Fees (₹)	0/-
Total Fees (₹)	20000/-
Course Name	637282110-Pharmacology
Admission Date	29-08-2018
Admission Type	Against CAP
Remark	Reported & Admitted

**Declaration by Candidate** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date 29-08-2018

*S. P. Mulani*  
**Signature of The Candidate**  
 (MULANI SHABNAM POPAT)



Place :

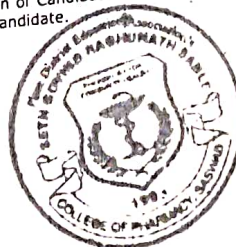
**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

*[Signature]*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301


Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune  
 Reported On: 29-08-2018 02:49:06 PM  
 Printed On : 29-08-2018 02:49:09 PM  
 Last Modified On : 29-08-2018 02:49:06 PM



*[Signature]*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Registration ID : MPH18100642		Sponsorship Status : Non Sponsored		
Personal Details :				
Full Name	PAWAR SHAMBHURAJE MANSING			
Nationality	Indian	Date of Birth		19-04-1996
Gender	Male	Annual Family Income (₹)		50,001 - 1,00,000
Category-Caste	OPEN			
Applied For EBC	No			
PH Type	N.A.			
Type of Candidature	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			
B-Pharmacy Details				
Pharmacy Status	Passed	B. Pharmacy University	Savitribai Phule Pune University	
Qualification Details:				
	Marks Obtained	Out of	Percentage	
Examination	2821	4800	58.77	
B. Pharmacy Final Year/Semester	374	650	57.54	
12th/H.S.C. Aggregate	369	500	73.8	
10th/S.S.C. Aggregate				
Institute Details :				
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)			
Tuition Fees (₹)	15000/-	Course Name	637282110-Pharmacology	
Development Fees (₹)	0/-	Admission Date	30-08-2018	
Other Fees (₹)	0/-	Admission Type	Institute Level Seat	
Total Fees (₹)	15000/-	Remark	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the Principal/Director of the institute/college/university/Government and the undertaking given above.

Date: 30-08-2018

**Signature of The Candidate**  
(PAWAR SHAMBHURAJE MANSING)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Signature of Institute Officer (6372:)**

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

Reported On: 30-08-2018 11:54:04 AM  
Printed On : 30-08-2018 11:54:06 AM  
Last Modified On : 30-08-2018 11:54:04 AM



Reported By:: 6372  
Printed By:: 6372  
Last Modified By: 6372  
Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune  
Pune District Education Association's  
Pune-412 301

*P. Chavhan*

**PRINCIPAL**  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412301**





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

<b>Application ID : MPH18102473</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>Personal Details :</b>				
<b>Full Name</b>	SALUNKHE SNEHA HARICHANDRA		 <small>Signature</small>	
<b>Nationality</b>	Indian	<b>Date of Birth</b>		03-08-1996
<b>Gender</b>	Female	<b>Annual Family Income (₹)</b>		1,00,001 - 1,50,000
<b>Category-Caste</b>	OPEN			
<b>PH Type</b>	N.A.			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			
<b>B-Pharmacy Details</b>				
<b>B.Pharmacy Status</b>	Passed	<b>B. Pharmacy University</b>	Savitribai Phule Pune University	
<b>Qualification Details:</b>				
<b>Examination</b>	<b>Marks Obtained</b>	<b>Out of</b>	<b>Percentage</b>	
<b>B.Pharmacy Final Year/Semester</b>	2993	4800	62.35	
<b>12th/H.S.C. Aggregate</b>	327	600	54.5	
<b>10th/S.S.C. Aggregate</b>	345	500	69	
<b>Institute Details :</b>				
<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)			
<b>Tuition Fees (₹)</b>	30000/-	<b>Course Name</b>	637281710-Pharmaceutics	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2018	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat	
<b>Total Fees (₹)</b>	30000/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of Collège/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 29-08-2018

**Place :**

**Signature of The Candidate**  
 (SALUNKHE SNEHA HARICHANDRA)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:** 29-08-2018 12:27:54 PM  
**Printed On :** 29-08-2018 12:27:56 PM  
**Last Modified On :** 29-08-2018 12:27:54 PM



**Signature of the Officer (6372)**

**PRINCIPAL**  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412 301**

*Chavhan*

**PRINCIPAL**  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412301.**





State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two  
Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019

Application ID : MPH18101747		Sponsorship Status : Non Sponsored		
<b>Personal Details :</b>				
Full Name	THOMBARE RUTUJA ULHAS			
Nationality	Indian	Date of Birth		21-06-1996
Gender	Female	Annual Family Income (₹)		5,00,001 - 5,50,000
Category-Caste	OPEN			
PH Type	N A			
Type of Candidature	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			
<b>B-Pharmacy Details</b>				
B.Pharmacy Status	Passed	B. Pharmacy University	Savitribal Phule Pune University	
<b>Qualification Details:</b>				
Examination	Marks Obtained	Out of	Percentage	
B.Pharmacy Final Year/Semester	3006	4800	62.62	
12th/H.S.C. Aggregate	337	650	51.85	
10th/S.S.C. Aggregate	432	550	78.55	
<b>Institute Details :</b>				
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)			
Tuition Fees (₹)	20000/-	Course Name	637282210-Pharmaceutical Chemistry	
Development Fees (₹)	0/-	Admission Date	29-08-2018	
Other Fees (₹)	0/-	Admission Type	Institute Level Seat	
Total Fees (₹)	20000/-	Remark	Reported & Admitted	

**Declaration by Candidate** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the institute/college/university/Government and the undertaking given above

Date:29-08-2018

Signature of The Candidate  
(THOMBARE RUTUJA ULHAS)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity.The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

Reported On:29-08-2018 03:01:09 PM  
Printed On : 29-08-2018 03:01:11 PM  
Last Modified On :29-08-2018 03:01:09 PM



Signature of Principal (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
POONA DISTRICT, PUNE-412 301

*Prachar*

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
POONA DISTRICT, PUNE-412 301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001 (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Additional Round for Admission to First Year Of Two Year**  
**Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

<b>Application ID : MPH18101765</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>Personal Details :</b>				
<b>Full Name</b>	ZAGADE PRATIK RAJENDRA			
<b>Nationality</b>	Indian	<b>Date of Birth</b>		01-02-1996
<b>Gender</b>	Male	<b>Annual Family Income (₹)</b>		5,50,001 - 6,00,000
<b>Category-Caste</b>	OBC - Mali			
<b>PH Type</b>	N.A.			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			
<b>B-Pharmacy Details</b>				
<b>B.Pharmacy Status</b>	Passed	<b>B. Pharmacy University</b>	Savitribai Phule Pune University	
<b>Qualification Details:</b>				
<b>Examination</b>	<b>Marks Obtained</b>	<b>Out of</b>	<b>Percentage</b>	
B.Pharmacy Final Year/Semester	2907	4800	60.56	
12th/H.S.C. Aggregate	286	600	47.67	
10th/S.S.C. Aggregate	377	500	75.4	
<b>Institute Details :</b>				
<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)			
<b>Tuition Fees (₹)</b>	20000/-	<b>Course Name</b>	637282210-Pharmaceutical Chemistry	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2018	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Against CAP	
<b>Total Fees (₹)</b>	20000/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 29-08-2018

**Place :** Pune

*Bugade*  
**Signature of The Candidate**  
**(ZAGADE PRATIK RAJENDRA)**



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:** 29-08-2018 02:56:21 PM  
**Printed On :** 29-08-2018 02:58:47 PM  
**Last Modified On :** 29-08-2018 02:56:21 PM



*Pratibha*  
**Signature of Institute Officer (6372)**

**PRINCIPAL**  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412 301**

*Eschavon*

**PRINCIPAL**  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412 301**





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

**Application ID : MPH18101641**

**Mode of Admission : Non Sponsored**

**Personal Details**

<b>Full Name</b>	RAUT KIRTI SUNIL		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	16-11-1996	<b>Annual Family Income (₹)</b>	5,00,001 - 5,50,000
<b>Category-Caste</b>	OBC -Mali		
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



*js Raut*

**Allotment Details**

**All India Merit Number** 550

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	30000/-	<b>Course</b>	637282210-Pharmaceutical Chemistry
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	16-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round 1
<b>Total Fees (₹)</b>	30000/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 16-08-2018

**Place :**

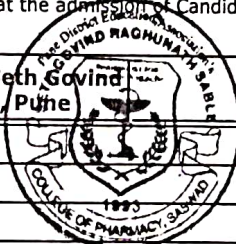
*js Raut*  
**Signature of The Candidate**  
 (RAUT KIRTI SUNIL)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**



**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S

SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD

TAL. PURANDHAR, DIST. PUNE

**Reported On:** 16-08-2018 04:13:34 PM

**Printed On:** 16-08-2018 04:13:47 PM

**Last Modified On:** 16-08-2018 04:13:34 PM

**Last Modified By:** 6372

*@chavan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

**Application ID : MPH18102267**

**Mode of Admission : Non Sponsored**

**Personal Details**

<b>Full Name</b>	MUNDE VIJAY PREMCHAND		
<b>Nationality</b>	Indian	<b>Gender</b>	Male
<b>Date of Birth</b>	19-01-1997	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	NT 3 (NT-D) -Vanjari		
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



V.P. munde

**Allotment Details**

<b>All India Merit Number</b>	522
<b>Allotted Choice Code</b>	637281710
<b>Allotted Seat Type</b>	GOPEN
<b>Preference No.</b>	4

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tuition Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	10000/-	<b>Admission Date</b>	18-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round 1
<b>Total Fees (₹)</b>	10000/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 18-08-2018

**Signature of The Candidate**  
(MUNDE VIJAY PREMCHAND)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Signature of Institute Officer (6372)**  
**PRINCIPAL**

**Reported On:** 18-08-2018 12:43:16 PM

**Printed On :** 18-08-2018 12:43:25 PM

**Last Modified On :** 18-08-2018 12:43:16 PM



PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE-412301  
**Last Modified By: 6372**

**Principal**

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE-412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18102572

Mode of Admission : Non Sponsored

**Personal Details**

<b>Full Name</b>	PANCHAL DEEPALI MADHAV		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	12-06-1996	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	NT 1 (NT-B) -GadiLohar		
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



**Allotment Details**

**All India Merit Number** 2326  
**Allotted Choice Code** 637281710  
**Allotted Seat Type** GNTB  
**Preference No.** 5

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	10174/-	<b>Admission Date</b>	18-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round 2
<b>Total Fees (₹)</b>	10174/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 18-08-2018

*Panchal*  
**Signature of The Candidate**  
(PANCHAL DEEPALI MADHAV)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

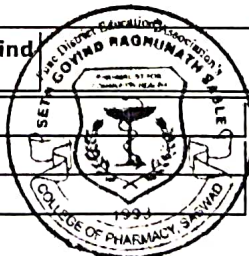
**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

*[Signature]*  
**Signature of Institute Officer (6372)**  
**PRINCIPAL**

**Reported On:** 18-08-2018 02:22:11 PM

**Printed On :** 18-08-2018 02:22:38 PM

**Last Modified On :** 18-08-2018 02:22:11 PM



PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
TAL. PURANDHAR, DIST. PUNE-412301  
**Last Modified By: 6372**

*[Signature]*

**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
TAL. PURANDHAR, DIST. PUNE-412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K. Mayak Marg, Fort, Mumbai-400001. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18102712

Mode of Admission : Non Sponsored

**Personal Details**

<b>Full Name</b>	MALSHIKARE SWAPNALI SANJAY		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	26-02-1997	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	NT 2 (NT-C) -Shegar		
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



*SSM*

**Allotment Details**

<b>All India Merit Number</b>	1745
<b>Allotted Choice Code</b>	637281710
<b>Allotted Seat Type</b>	GSC
<b>Preference No.</b>	1

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	10174/-	<b>Admission Date</b>	16-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round 3
<b>Total Fees (₹)</b>	10174/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2018

*SSM*  
**Signature of The Candidate**  
 (MALSHIKARE SWAPNALI SANJAY)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Signature of Institute Officer (6372)**

**PRINCIPAL**

**Reported On:** 16-08-2018 03:09:27 PM

**Printed On :** 16-08-2018 03:09:38 PM

**Last Modified On :** 16-08-2018 03:09:27 PM



PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR DIST. PUNE-412301

*Chavhan*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR DIST. PUNE-412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

<b>Application ID : MPH18101942</b>		<b>Sponsorship Status : Non Sponsored</b>	
<b>Personal Details :</b>			
<b>Full Name</b>	DURGUDE MANDAR SANJAY		
<b>Nationality</b>	Indian	<b>Date of Birth</b>	06-09-1995
<b>Gender</b>	Male	<b>Annual Family Income (₹)</b>	7,00,001 - 8,00,000
<b>Category-Caste</b>	OPEN		
<b>PH Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A		
<b>B-Pharmacy Status</b>			
Passed		<b>B. Pharmacy University</b>	Savitribai Phule Pune University
<b>Qualification Details:</b>			
<b>Examination</b>	<b>Marks Obtained</b>	<b>Out of</b>	<b>Percentage</b>
<b>B.Pharmacy Final Year/Semester</b>	2835	4800	59.06
<b>12th/H.S.C. Aggregate</b>	353	600	58.83
<b>10th/S.S.C. Aggregate</b>	413	500	82.6
<b>Institute Details :</b>			
<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)		
<b>Tuition Fees (₹)</b>	30000/-	<b>Course Name</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2018
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat
<b>Total Fees (₹)</b>	30000/-	<b>Remark</b>	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 29-08-2018

**Place :**

*Mandar*  
**Signature of The Candidate**  
 (DURGUDE MANDAR SANJAY)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:** 29-08-2018 12:30:46 PM  
**Printed On :** 29-08-2018 12:30:49 PM  
**Last Modified On :** 29-08-2018 12:30:46 PM



*[Signature]*  
**Signature of Institute Officer (6372)**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE-412301

*P. S. Chauhan*

**PRINCIPAL**  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.J.C. Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18101800

Mode of Admission : Non Sponsored

**Personal Details**

Full Name	PETKAR POOJA ANANT		
Nationality	Indian	Gender	Female
Date of Birth	13-01-1996	Annual Family Income (₹)	1,50,001 - 2,00,000
Category-Caste	OBC -Shimpi		
Religious Minority/Linguistic Minority	N.A		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



*Pooja*

**Allotment Details**

All India Merit Number	2605
Allotted Choice Code	637282210
Allotted Seat Type	GOBC
Preference No.	4

**Reporting Details**

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	30000/-	Course	637282210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	16-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	30000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:16-08-2018

Place :

*Pooja*  
**Signature of The Candidate**  
**(PETKAR POOJA ANANT)**



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

Reported On:16-08-2018 04:10:15 PM

Printed On :16-08-2018 04:14:00 PM

Last Modified On :16-08-2018 04:10:15 PM



**Signature of Principal Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION

SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD

TAL. PURANBHAR, DIST. PUNE-412301

Last Modified By:6372

*P. Chavan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANBHAR, DIST. PUNE - 412301.**





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Additional Round for Admission to First Year Of Two Year**  
**Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18103383		Sponsorship Status : Non Sponsored	
<b>Personal Details :</b>			
Full Name	MULANI SHABNAM POPAT	Date of Birth	22-08-1994
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Gender	Female		
Category-Caste	OBC - Khatik		
Applied For EBC	No		
PH Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A		
<b>B-Pharmacy Details</b>			
B.Pharmacy Status	Passed	B. Pharmacy University	Savitribai Phule Pune University
<b>Qualification Details:</b>			
Examination	Marks Obtained	Out of	Percentage
B.Pharmacy Final Year/Semester	2863	4800	59.65
12th/H.S.C. Aggregate	246	600	41
10th/S.S.C. Aggregate	342	500	68.4
<b>Institute Details :</b>			
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	20000/-	Course Name	637282110-Pharmacology
Development Fees (₹)	0/-	Admission Date	29-08-2018
Other Fees (₹)	0/-	Admission Type	Against CAP
Total Fees (₹)	20000/-	Remark	Reported & Admitted



S. P. Mulani

**Declaration by Candidate** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date 29-08-2018

S. P. Mulani  
**Signature of The Candidate**  
 (MULANI SHABNAM POPAT)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute** : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fee mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Reported On: 29-08-2018 02:49:06 PM  
 Printed On : 29-08-2018 02:49:09 PM  
 Last Modified On : 29-08-2018 02:49:06 PM



Signature of Principal Officer (6372)

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412301**


P. Chavan  
**PRINCIPAL**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412301.**





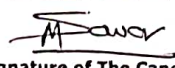
**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18100642		Sponsorship Status : Non Sponsored		
Personal Details :				
Full Name	PAWAR SHAMBHURAJE MANSING			
Nationality	Indian	Date of Birth		19-04-1996
Gender	Male	Annual Family Income (₹)		50,001 - 1,00,000
Category-Caste	OPEN			
Applied For EBC	No			
PH Type	N.A.			
Type of Candidature	Maharashtra State Candidate - Type Maharashtra State Candidate - Type A			
B-Pharmacy Details				
B.Pharmacy Status	Passed	B. Pharmacy University	Savitribal Phule Pune University	
Qualification Details:				
Examination	Marks Obtained	Out of	Percentage	
B.Pharmacy Final Year/Semester	2821	4800	58.77	
12th/H.S.C. Aggregate	374	650	57.54	
10th/S.S.C. Aggregate	369	500	73.8	
Institute Details :				
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)			
Tuition Fees (₹)	15000/-	Course Name	637282110-Pharmacology	
Development Fees (₹)	0/-	Admission Date	30-08-2018	
Other Fees (₹)	0/-	Admission Type	Institute Level Seat	
Total Fees (₹)	15000/-	Remark	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:30-08-2018

Place :

  
**Signature of The Candidate**  
(PAWAR SHAMBHURAJE MANSING)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

Reported On:30-08-2018 11:54:04 AM  
Printed On : 30-08-2018 11:54:06 AM  
Last Modified On :30-08-2018 11:54:04 AM



  
**Principal**  
Institute Officer (6372:)

Reported By::6372  
Seth Govind Raghunath Sable  
College of Pharmacy, Saswad  
Tal. Purandhar, Dist. Pune-412301




**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full**  
**Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17102599		Mode of Admission : Non Sponsored		
<b>Personal Details</b>				
Full Name	DHUMAL DIGVIJAY RAJENDRA			
Nationality	Indian	Gender		Male
Date of Birth	02-10-1995	Annual Family Income (₹)		15,001 - 50,000
Category-Caste	OPEN	Applied For EBC		No
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
State Level Merit Number	1078			
Allotted Choice Code	637281710			
Allotted Seat Type	GOPEN			
Preference No.	1			
<b>Reporting Details</b>				
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune			
Tuition Fees (₹)	20000/-	Course	637281710-Pharmaceutics	
Development Fees (₹)	0/-	Admission Date	16-08-2017	
Other Fees (₹)	0/-	Admission Type	CAP Round	
Total Fees (₹)	20000/-			
Remark	Reported & Admitted			

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2017

Signature of The Candidate  
(DHUMAL DIGVIJAY RAJENDRA)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two-Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

of Poona District Education Association's Seth Govind Raghunath  
 Sable College of Pharmacy , Saswad, Pune  
 Reported On: 16-08-2017 02:59:33 PM  
 Printed On : 16-08-2017 02:59:37 PM  
 Last Modified On : 16-08-2017 02:59:33 PM  
 URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=NDcw&rnd=Mg==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=NDcw&rnd=Mg==)



Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 Reported By: 6372  
 Printed By: 6372  
 Last Modified By: 6372

*P. Chavhan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. SASWAD, DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full**  
**Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application No: MPH17101560		Mode of Admission: Non Sponsored	
<b>Personal Details</b>			
Full Name	RANDIVE PRAJAKTA SUDHIR	Gender	Female
Nationality	Indian	Annual Family Income (₹)	5,50,001 - 6,00,000
Date of Birth	06-08-1995	Applied For EBC	No
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	1526		
Allotted Choice Code	637281710		
Allotted Seat Type	GOPEN		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		Course
Tuition Fees (₹)	25000/-	Admission Date	16-08-2017
Development Fees (₹)	0/-	Admission Type	CAP Round
Other Fees (₹)	0/-		
Total Fees (₹)	25000/-		
Remark	Confirmed		

**Declaration by Candidate:** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2017

*P. Sable*  
**Signature of The Candidate**  
 (RANDIVE PRAJAKTA SUDHIR)



Place:

**INSTITUTE USE ONLY**

**Declaration by the College/Institute:** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

*[Signature]*  
**Signature of Institute Officer (6372)**

Reported By:: 6372

Printed By: 6372

Last Modified By: 6372

School of Poona District Education Association's Seth Govind Raghunath  
 College of Pharmacy, Saswad, Pune  
 Reported On: 16-08-2017 04:26:45 PM  
 Printed On: 16-08-2017 04:26:48 PM  
 Last Modified On: 16-08-2017 04:26:45 PM  
 URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=NjY5&rnd=MQ==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=NjY5&rnd=MQ==)



*Received*


*P. Sable*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. KURANDHAR, DIST. PUNE-412301.

*[Signature]*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. KURANDHAR, DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full**  
**Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application No: MPH17101560		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	RANDIVE PRAJAKTA SUDHIR	Gender	Female
Nationality	Indian	Annual Family Income (₹)	5,50,001 - 6,00,000
Date of Birth	06-08-1995	Applied For EBC	No
Category-Caste	OPEN	 <i>P. S. Randive</i>	
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	1526		
Allotted Choice Code	637281710		
Allotted Seat Type	GOPEN		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	25000/-	Course	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	16-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
Remark	Confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2017

*P. S. Randive*  
**Signature of The Candidate**  
 (RANDIVE PRAJAKTA SUDHIR)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

*[Signature]*  
**Signature of Institute Officer (6372)**

Reported By: 6372

Printed By: 6372

Last Modified By: 6372

School of Poona District Education Association's Seth Govind Raghunath  
 College of Pharmacy, Saswad, Pune  
 Reported On: 16-08-2017 04:26:45 PM  
 Printed On: 16-08-2017 04:26:48 PM  
 Last Modified On: 16-08-2017 04:26:45 PM  
 URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=NjY5&rnd=MQ==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=NjY5&rnd=MQ==)



*Received*

*[Signature]*  
**PRINCIPAL**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. HIRANDHAR, DIST. PUNE-412301.

**PRINCIPAL**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. HIRANDHAR, DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Registration ID : MPH17102948

Mode of Admission : Non Sponsored

## Personal Details

Full Name	AVHAD NILESH PANDURANG		
Nationality	Indian	Gender	Male
Date of Birth	04-01-1996	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	NT 3 (NT-D) -Vanjari	Applied For EBC	Yes
Religious Minority/Lingualistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



## Allotment Details

State Level Merit Number	2222
Allotted Choice Code	637281710
Allotted Seat Type	GOBC
Preference No.	1

## Reporting Details

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune	Course	637281710-Pharmaceutics
Tuition Fees (₹)	0/-	Admission Date	18-08-2017
Development Fees (₹)	9773/-	Admission Type	CAP Round
Other Fees (₹)	1900/-		
Total Fees (₹)	11673/-		
Remark	REPORTED		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 18-08-2017

*(Signature)*  
**Signature of The Candidate**  
 (AVHAD NILESH PANDURANG)



Place :

## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath  
 College of Pharmacy, Saswad, Pune

Reported On: 18-08-2017 12:28:13 PM

Printed On: 18-08-2017 12:28:17 PM

Last Modified On: 18-08-2017 12:28:13 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTQ30A==&rnd=Mg==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTQ30A==&rnd=Mg==)

*(Signature)*  
**Signature of Institute Officer (6372)**

Reported By: 6372  
 Printed By: 6372  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301

*(Signature)*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051, (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101948

Mode of Admission : Non Sponsored

## Personal Details

Full Name	KOLTE NIKITA SHRIPATI		
Nationality	Indian	Gender	Female
Date of Birth	14-02-1996	Annual Family Income (₹)	2,00,001 - 2,50,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



## Allotment Details

State Level Merit Number	2235
Allotted Choice Code	637281710
Allotted Seat Type	GOPENS
Preference No.	1

## Reporting Details

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	20000/-	Course	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	17-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	20000/-		
Remark	confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 17-08-2017

Signature of The Candidate  
(KOLTE NIKITA SHRIPATI)



Place :

## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Reported On: 17-08-2017 01:42:22 PM

Printed On: 17-08-2017 01:42:31 PM

Last Modified On: 17-08-2017 01:42:22 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTA1Mg==&rnd=Mw==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTA1Mg==&rnd=Mw==)

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD

Principal

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101552

Mode of Admission : Non Sponsored

Personal Details			
Full Name	LONKAR RANI RAJENDRA		
Nationality	Indian	Gender	Female
Date of Birth	12-11-1995	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Lingulstic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



Allotment Details	
State Level Merit Number	2815
Allotted Choice Code	637281710
Allotted Seat Type	GOPENS
Preference No.	1

Reporting Details			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	25000/-	Course	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	17-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
Remark	confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 17-08-2017

Signature of The Candidate  
(LONKAR RANI RAJENDRA)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Poona District Education Association's Seth Govind Raghunath  
 Sable College of Pharmacy, Saswad, Pune  
 Reported On: 17-08-2017 01:46:08 PM  
 Printed On: 17-08-2017 01:46:15 PM  
 Last Modified On: 17-08-2017 01:46:08 PM  
 URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTA2MA==&rnd=Mw==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTA2MA==&rnd=Mw==)



Signature of Institute Officer (6372)  
**PRINCIPAL**

Reported By: 6372  
 PUNE DISTRICT EDUCATION ASSOCIATION  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301  
 Printed By: 6372  
 Last Modified By: 6372

Signature  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.






सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101005 Sponsorship Status : Non Sponsored

**Personal Details :**

Full Name	KUMBHARKAR ASHWINI DNYANDEO			 <i>Ashwini</i>
Nationality	Indian	Date of Birth	28-11-1995	
Gender	Female	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	OPEN			
Applied For EBC	No			
PH Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			

B-Pharmacy Status		Passed	B. Pharmacy University	Savitribai Phule Pune University
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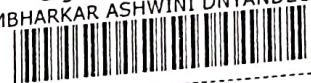
Qualification Details:			
Examination	Marks Obtained	Out of	Percentage
B. Pharmacy Final Year/Semester	3334	4800	69.46
12th/H.S.C. Aggregate	387	600	64.50
10th/S.S.C. Aggregate	483	550	87.82

Institute Details :			
Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	20000/-	Course Name	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	29-08-2017
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	20000/-	Remark	Reported and admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 29-08-2017

*Ashwini*  
**Signature of The Candidate**  
 (KUMBHARKAR ASHWINI DNYANDEO)



Place : Saswad

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

Reported On: 29-08-2017 12:21:31 PM  
 Printed On : 29-08-2017 12:21:39 PM  
 Last Modified On : 29-08-2017 12:21:31 PM



*Principal*  
**Signature of Institute Officer (6372)**  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD, PUNE  
 TAL. PURANDHAR, DIST. PUNE-412 301

*P. Chavhan*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101938

Mode of Admission : Non Sponsored

Personal Details			
Full Name	ZORI PRIYA GURURAJ		
Nationality	Indian	Gender	Female
Date of Birth	04-09-1995	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Lingulstic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



Allotment Details	
State Level Merit Number	432
Allotted Choice Code	637282210
Allotted Seat Type	GOPEN
Preference No.	1

Reporting Details			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tution Fees (₹)	30000/-	Course	637282210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	17-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	30000/-		
Remark	confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 17-08-2017

Signature of The Candidate  
(ZORI PRIYA GURURAJ)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Printed On: 17-08-2017 02:12:37 PM

Printed On: 17-08-2017 02:14:34 PM

Last Modified On: 17-08-2017 02:12:37 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTA5OA==&rnd=MQ==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTA5OA==&rnd=MQ==)



Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301

*[Signature]*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17103618

Sponsorship Status : Non Sponsored

## Personal Details :

Full Name	PAWAR CHETAN VISHWANATH		
Nationality	Indian	Date of Birth	09-01-1995
Gender	Male	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Applied For EBC	No		
PH Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



Signature

B-Pharmacy Details		Savitribai Phule Pune University	
Pharmacy Status	Passed	B. Pharmacy University	
Qualification Details:		Out of	Percentage
Examination	Marks Obtained	4800	60.17
B. Pharmacy Final Year/Semester	2888	600	46.00
12th/H.S.C. Aggregate	276	500	66.00
10th/S.S.C. Aggregate	330		

## Institute Details :

Institute Name	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	20000/-	Course Name	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	29-08-2017
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	20000/-	Remark	Reported and admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Signature of The Candidate  
(PAWAR CHETAN VISHWANATH)



Date: 29-08-2017

Place : Saswad

## INSTITUTE USE ONLY

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Reported On : 29-08-2017 12:24:28 PM  
 Printed On : 29-08-2017 12:24:35 PM  
 Last Modified On : 29-08-2017 12:24:28 PM



Signature of Institute Officer (6372)  
PRINCIPAL

Reported By: 6372  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301

Signature  
PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

<b>Application ID : MPH17101005</b>		<b>Sponsorship Status : Non Sponsored</b>	
<b>Personal Details :</b>			
<b>Full Name</b>	KUMBHARKAR ASHWINI DNYANDEO		
<b>Nationality</b>	Indian	<b>Date of Birth</b>	28-11-1995
<b>Gender</b>	Female	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	OPEN		
<b>Applied For EBC</b>	No		
<b>PH Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>B-Pharmacy Details</b>			
<b>B.Pharmacy Status</b>	Passed	<b>B. Pharmacy University</b>	Savitribai Phule Pune University
<b>Qualification Details:</b>			
<b>Examination</b>	<b>Marks Obtained</b>	<b>Out of</b>	<b>Percentage</b>
<b>B.Pharmacy Final Year/Semester</b>	3334	4800	69.46
<b>12th/H.S.C. Aggregate</b>	387	600	64.50
<b>10th/H.S.C. Aggregate</b>	483	550	87.82
<b>Institute Details :</b>			
<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)		
<b>Tuition Fees (₹)</b>	20000/-	<b>Course Name</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2017
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat
<b>Total Fees (₹)</b>	20000/-	<b>Remark</b>	Reported and admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 29-08-2017

**Place :** Saswad

*Ashwini*  
**Signature of The Candidate**  
 (KUMBHARKAR ASHWINI DNYANDEO)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:** 29-08-2017 12:21:31 PM  
**Printed On :** 29-08-2017 12:21:39 PM  
**Last Modified On :** 29-08-2017 12:21:31 PM



*Principal*  
**Signature of Institute Officer (6372)**  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301

*Principal*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

<b>Application ID : MPH17103618</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>Personal Details :</b>				
<b>Full Name</b>	PAWAR CHETAN VISHWANATH			
<b>Nationality</b>	Indian	<b>Date of Birth</b>		09-01-1995
<b>Gender</b>	Male	<b>Annual Family Income (₹)</b>		50,001 - 1,00,000
<b>Category-Caste</b>	OPEN			
<b>Applied For EBC</b>	No			
<b>PH Type</b>	Not Applicable			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A			
<b>B-Pharmacy Details</b>				
<b>B.Pharmacy Status</b>	Passed	<b>B. Pharmacy University</b>	Savitribai Phule Pune University	
<b>Qualification Details:</b>				
<b>Examination</b>	<b>Marks Obtained</b>	<b>Out of</b>	<b>Percentage</b>	
Pharmacy Final Year/Semester	2888	4800	60.17	
12th/H.S.C. Aggregate	276	600	46.00	
10th/S.S.C. Aggregate	330	500	66.00	
<b>Institute Details :</b>				
<b>Institute Name</b>	6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune (Un-Aided - Non-Autonomous - Non-Minority)			
<b>Tuition Fees (₹)</b>	20000/-	<b>Course Name</b>	637281710-Pharmaceutics	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	29-08-2017	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Institute Level Seat	
<b>Total Fees (₹)</b>	20000/-	<b>Remark</b>	Reported and admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 29-08-2017

**Place :** Saswad

*Signature*  
**Signature of The Candidate**  
 (PAWAR CHETAN VISHWANATH)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:** 29-08-2017 12:24:28 PM  
**Printed On :** 29-08-2017 12:24:35 PM  
**Last Modified On :** 29-08-2017 12:24:28 PM



*Signature*  
**Signature of Institute Officer (6372)**

**PRINCIPAL**

POONA DISTRICT EDUCATION ASSOCIATION'S: 6372  
 SETH GOVIND RAGHUNATH SABLE: 6372  
 COLLEGE OF PHARMACY, SASWAD: 6372  
 TAL. PURANDHAR, DIST. PUNE-412 301

*Signature*

**PRINCIPAL**

POONA DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17102948		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	AVHAD NILESH PANDURANG		
Nationality	Indian	Gender	Male
Date of Birth	04-01-1996	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	NT 3 (NT-D) -Vanjari	Applied For EBC	Yes
Religious Minority/Lingulstic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	2222		
Allotted Choice Code	637281710		
Allotted Seat Type	GOBC		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
Tution Fees (₹)	0/-	Course	637281710-Pharmaceutics
Development Fees (₹)	9773/-	Admission Date	18-08-2017
Other Fees (₹)	1900/-	Admission Type	CAP Round
Total Fees (₹)	11673/-		
Remark	REPORTED		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:18-08-2017

Place :

*(Signature)*  
**Signature of The Candidate**  
 (AVHAD NILESH PANDURANG)

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

Reported On:18-08-2017 12:28:13 PM

On :18-08-2017 12:28:17 PM

Last Modified On :18-08-2017 12:28:13 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTQ3OA==&rnd=Mg==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTQ3OA==&rnd=Mg==)



Signature of Institute Officer (6372)

**PRINCIPAL**

Reported By: 6372  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301

*(Signature)*  
**PRINCIPAL**

**PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.**





सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101938		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	ZORI PRIYA GURURAJ		
Nationality	Indian	Gender	Female
Date of Birth	04-09-1995	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Lingualistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	432		
Allotted Choice Code	637282210		
Allotted Seat Type	GOPEN		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	30000/-	Course	637282210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	17-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	30000/-		
Remark	confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 17-08-2017

Signature of The Candidate  
(ZORI PRIYA GURURAJ)

Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Reported On: 17-08-2017 02:12:37 PM

Printed On: 17-08-2017 02:14:34 PM

Modified On: 17-08-2017 02:12:37 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTA5OA==&rnd=MQ==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTA5OA==&rnd=MQ==)

Signature of Institute Officer (6372)  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL: PURANDHAR, DIST. PUNE-412301

Signature of Principal


**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.





सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101552		Mode of Admission : Non Sponsored		
<b>Personal Details</b>				
Full Name	LONKAR RANI RAJENDRA		 R. Lonkar	
Nationality	Indian	Gender		Female
Date of Birth	12-11-1995	Annual Family Income (₹)		50,001 - 1,00,000
Category-Caste	OPEN	Applied For EBC		No
Religious Minority/Lingulstic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
State Level Merit Number	2815			
Allotted Choice Code	637281710			
Allotted Seat Type	GOPENS			
Preference No.	1			
<b>Reporting Details</b>				
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune			
Tution Fees (₹)	25000/-	Course	637281710-Pharmaceutics	
Development Fees (₹)	0/-	Admission Date	17-08-2017	
Other Fees (₹)	0/-	Admission Type	CAP Round	
Total Fees (₹)	25000/-			
Remark	confirmed			

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:17-08-2017

Place :

Signature of The Candidate  
(LONKAR RANI RAJENDRA)

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

Reported On:17-08-2017 01:46:08 PM

Printed On:17-08-2017 01:46:15 PM

Modified On:17-08-2017 01:46:08 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTA2MA==&rnd=Mw==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTA2MA==&rnd=Mw==)

Signature of Institute Officer (6372)

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301

Signature of Principal

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time**  
**Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17101948		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	KOLTE NIKITA SHRIPATI		
Nationality	Indian	Gender	Female
Date of Birth	14-02-1996	Annual Family Income (₹)	2,00,001 - 2,50,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	2235		
Allotted Choice Code	637281710		
Allotted Seat Type	GOPENS		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tution Fees (₹)	20000/-	Course	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	17-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	20000/-		
Remark	confirmed		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 17-08-2017

*[Signature]*  
**Signature of The Candidate**  
 (KOLTE NIKITA SHRIPATI)

Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

Reported On: 17-08-2017 01:42:22 PM

On: 17-08-2017 01:42:31 PM

Last Modified On: 17-08-2017 01:42:22 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTA1Mg==&rnd=Mw==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=MTA1Mg==&rnd=Mw==)

*[Signature]*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 Reported By: 6372  
 Signed By: 6372  
 Received By: 6372

*[Signature]*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PUNE DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full**  
**Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID : MPH17102599		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	DHUMAL DIGVIJAY RAJENDRA		
Nationality	Indian	Gender	Male
Date of Birth	02-10-1995	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	1078		
Allotted Choice Code	637281710		
Allotted Seat Type	GOPEN		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	20000/-	Course	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	16-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	20000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2017

Place :

*(Signature)*  
**Signature of The Candidate**  
 (DHUMAL DIGVIJAY RAJENDRA)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath  
 Sable College of Pharmacy, Saswad, Pune

Reported On: 16-08-2017 02:59:33 PM

Printed On: 16-08-2017 02:59:37 PM

Last Modified On: 16-08-2017 02:59:33 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php) Institute reporting/admission receipt ID: NDVSRH-142301



**Principal**  
 Sable College of Pharmacy, Saswad, Pune

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301

*(Signature)*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full**  
**Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application No : MPH17101560		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	RANDIVE PRAJAKTA SUDHIR		
Nationality	Indian	Gender	Female
Date of Birth	06-08-1995	Annual Family Income (₹)	5,50,001 - 6,00,000
Category-Caste	OPEN	Applied For EBC	No
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number	1526		
Allotted Choice Code	637281710		
Allotted Seat Type	GOPEN		
Preference No.	1		
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	25000/-	Course	637281710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	16-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
Remark	Confirmed		



*P. S. Randive*

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2017

Place :

*P. S. Randive*  
**Signature of The Candidate**  
**(RANDIVE PRAJAKTA SUDHIR)**



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath

Sable College of Pharmacy, Saswad, Pune

Reported On: 16-08-2017 04:26:45 PM

Printed On: 16-08-2017 04:26:48 PM

Last Modified On: 16-08-2017 04:26:45 PM

URL: [http://mpharm17.dtemaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitreceipt?id=NjY5&rnd=MQ==](http://mpharm17.dtemaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitreceipt?id=NjY5&rnd=MQ==)

*[Signature]*  
**Signature of Institute Officer (6372)**

Reported By:: 6372

Printed By: 6372

Last Modified By: 6372



*Received*

*P. Schavos*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE-412301

*[Signature]*  
**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
 TAL. PURANDHAR, DIST. PUNE-412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

<b>Application ID : MPH16101557</b>			
<b>Personal Details</b>			
<b>Full Name</b>	POMANE DIPALI SANJAY		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	27-07-1994	<b>Annual Family Income (₹)</b>	15,001 - 50,000
<b>Category-Caste</b>	NT 2 (NT-C) - Shegar	<b>Applied For EBC</b>	Yes
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	1543		
<b>Allotted Choice Code</b>	637281710		
<b>Allotted Seat Type</b>	GOPEN		
<b>Preference No.</b>	1		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	10737/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	1900/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	12637/-		
<b>Remark</b>	Reported & Admitted		



**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

Place :

*Pomane*  
**Signature of The Candidate**  
(POMANE DIPALI SANJAY)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Reported On:** 13-08-2016 04:05:41 PM

**Printed On :** 13-08-2016 04:05:46 PM

**Last Modified On :** 13-08-2016 04:05:41 PM

**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTc0OA==8E-412301](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTc0OA==8E-412301)

rnd=MQ==

*[Signature]*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**Reported By: 6372**  
**Printed By: 6372**  
**Last Modified By: 6372**  
TAL. PURANDHAR, DIST. PUNE - 412301

*[Signature]*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
TAL. PURANDHAR, DIST. PUNE - 412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

<b>Application ID : MPH16100455</b>			
<b>Personal Details</b>			
<b>Full Name</b>	KHATAL SUPRIYA SOPAN		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	08-12-1994	<b>Annual Family Income (₹)</b>	15,001 - 50,000
<b>Category-Caste</b>	NT 2 (NT-C) - Dhargar	<b>Applied For EBC</b>	No
<b>Religious</b>	N.A		
<b>Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	1807		
<b>Allotted Choice Code</b>	637281710		
<b>Allotted Seat Type</b>	GOPEN		
<b>Preference No.</b>	1		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	1000/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	1000/-		
<b>Remark</b>	Reported & Admitted		



**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Signature of The Candidate  
(KHATAL SUPRIYA SOPAN)



Date: 13-08-2016

Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

Reported On : 13-08-2016 04:07:12 PM

Printed On : 13-08-2016 04:07:15 PM

Last Modified On : 13-08-2016 04:07:12 PM

URL: [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTc1MQ==8412301](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTc1MQ==8412301)

rnd=Mw==

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 Reported By: 6372  
 Printed By: 6372  
 Last Modified By: 6372

*P. Chavan*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

Application ID : MPH16100570

**Personal Details**

Full Name	JAGDALE DEEPALI SURYAKANT	Gender	Female
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	24-02-1994	Applied For EBC	Yes
Category-Caste	OPEN -Open		
Religious	N.A		
Minority/ Linguistic Minority			
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



**Allotment Details**

State Level Merit Number	1966
Allotted Choice Code	637281710
Allotted Seat Type	GOBC
Preference No.	1

**Reporting Details**

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune	Course	637281710-Pharmaceutics
Tuition Fees (₹)	0/-	Admission Date	12-08-2016
Development Fees (₹)	1000/-	Admission Type	CAP Round
Other Fees (₹)	0/-		
Total Fees (₹)	1000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

**Signature of The Candidate**  
 (JAGDALE DEEPALI SURYAKANT)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

Reported On: 13-08-2016 04:10:20 PM

Printed On : 13-08-2016 04:10:22 PM

Last Modified On : 13-08-2016 04:10:20 PM

URL: [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTC2Mg==&rnd=NA==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTC2Mg==&rnd=NA==)

rnd=NA==

**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 Last Modified By: 6372

*(Signature)*

**PRINCIPAL**


PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301.

13/08/2016 4:10 PM





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017.**

<b>Application ID : MPH16100569</b>				
<b>Personal Details</b>				
<b>Full Name</b>	JAMKAR KANCHAN SHIVRAJ			
<b>Nationality</b>	Indian	<b>Gender</b>		Female
<b>Date of Birth</b>	11-02-1992	<b>Annual Family Income (₹)</b>		50,001 - 1,00,000
<b>Category-Caste</b>	SC - Mahar	<b>Applied For EBC</b>		No
<b>Religious</b>	N.A			
<b>Minority/ Linguistic Minority</b>	N.A			
<b>PWD Type</b>	Not Applicable			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
	<b>State Level Merit Number</b>	2432		
	<b>Allotted Choice Code</b>	637281710		
	<b>Allotted Seat Type</b>	GSC		
	<b>Preference No.</b>	4		
<b>Reporting Details</b>				
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		<b>Course</b>	637281710-Pharmaceutics
<b>Tution Fees (₹)</b>	0/-		<b>Admission Date</b>	12-08-2016
<b>Development Fees (₹)</b>	10737/-		<b>Admission Type</b>	CAP Round
<b>Other Fees (₹)</b>	1900/-			
<b>Total Fees (₹)</b>	12637/-			
<b>Remark</b>	Reported & Admitted			

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Signature of The Candidate**  
(JAMKAR KANCHAN SHIVRAJ)



**Date:** 13-08-2016

**Place :**

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**  
**Reported On:** 13-08-2016 04:12:01 PM  
**Printed On :** 13-08-2016 04:13:28 PM  
**Last Modified On :** 13-08-2016 04:12:01 PM  
**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTC3Mg==8](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTC3Mg==8)  
**rnd=MQ==**

**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 Reported By: 6372  
 Printed By: 6372  
 Last Modified By: 6372

*(Signature)*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.






**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

Application ID : MPH16102291

**Personal Details**

Full Name	PISAL POOJA SUNIL			 <i>Pisal</i>
Nationality	Indian	Gender	Female	
Date of Birth	02-01-1995	Annual Family Income (₹)	15,001 - 50,000	
Category-Caste	OPEN -Open	Applied For EBC	Yes	
Religious	N.A			
Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			

**Allotment Details**

State Level Merit Number	1810
Allotted Choice Code	637282210
Allotted Seat Type	GOPEN
Preference No.	1

**Reporting Details**

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
Tution Fees (₹)	10000/-	Course	637282210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	12-08-2016
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	10000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

*Pisal*  
**Signature of The Candidate**  
(PISAL POOJA SUNIL)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

Reported On: 13-08-2016 04:25:25 PM

Printed On: 13-08-2016 04:25:28 PM

Last Modified On: 13-08-2016 04:25:25 PM

URL: [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTgxNw==8](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTgxNw==8)

rnd=MQ==

*[Signature]*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S

SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD, PUNE

TAL. PURANDHAR, DIST. PUNE - 412301

Reported By: 6372

Printed By: 6372

Last Modified By: 6372

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*[Signature]*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
TAL. PURANDHAR, DIST. PUNE - 412301.

13/08/2016 4:25 PM





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

Application ID : MPH16101372

**Personal Details**

Full Name	SHENDKAR HARSHA BALASAHEB		
Nationality	Indian	Gender	Female
Date of Birth	17-05-1994	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN -Open	Applied For EBC	No
Religious	N.A		
Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



*[Signature]*

**Allotment Details**

State Level Merit Number	2110
Allotted Choice Code	637282210
Allotted Seat Type	GOPEN
Preference No.	1

**Reporting Details**

Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
Tution Fees (₹)	10000/-	Course	637282210-Pharmaceutical Chemistry
Development Fees (₹)	0/-	Admission Date	12-08-2016
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	10000/-		
Remark	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

**Signature of The Candidate**  
(SHENDKAR HARSHA BALASAHEB)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune

Reported On: 13-08-2016 04:26:39 PM

Printed On : 13-08-2016 04:26:41 PM

Last Modified On : 13-08-2016 04:26:39 PM

URL: [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTgyNA==&rnd=MQ==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTgyNA==&rnd=MQ==)

**PRINCIPAL**  
**Signature of Institute Officer (6372)**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUN : 412301.  
 Reported By: 6372  
 Printed By: 6372  
 Last Modified By: 6372

*[Signature]*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUN : 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

<b>Application ID : MPH16100570</b>			
<b>Personal Details</b>			
<b>Full Name</b>	JAGADALE DEEPALI SURYAKANT		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	24-02-1994	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	OPEN -Open	<b>Applied For EBC</b>	Yes
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	1966		
<b>Allotted Choice Code</b>	637281710		
<b>Allotted Seat Type</b>	GOBC		
<b>Preference No.</b>	1		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	1000/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	1000/-		
<b>Remark</b>	Reported & Admitted		



**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:13-08-2016

*Signature of The Candidate*  
 (JAGADALE DEEPALI SURYAKANT)

Place :



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Reported On:** 13-08-2016 04:10:20 PM

**Printed On:** 13-08-2016 04:10:22 PM

**Last Modified On:** 13-08-2016 04:10:20 PM

**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTc2Mg==&rnd=NA==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTc2Mg==&rnd=NA==)

*Signature of Institute Officer (6372)*  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PUNE DIST. PUNE-412301.  
 Last Modified By: 6372

*Signature of Principal*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PUNE DIST. PUNE-412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051, (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

Application ID : MPH16100455			
<b>Personal Details</b>			
Full Name	KHATAL SUPRIYA SOPAN		
Nationality	Indian	Gender	Female
Date of Birth	08-12-1994	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	NT 2 (NT-C) - Dhargar	Applied For EDC	No
Religious	N.A		
Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
State Level Merit Number		1807	
Allotted Choice Code		637281710	
Allotted Seat Type		GOPEN	
Preference No.		1	
<b>Reporting Details</b>			
Institute	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
Tuition Fees (₹)	0/-	Course	637281710-Pharmaceutics
Development Fees (₹)	1000/-	Admission Date	12-08-2016
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	1000/-		
Remark	Reported & Admitted		



*Supriya Sopan*

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

*Supriya Sopan*  
**Signature of The Candidate**  
 (KHATAL SUPRIYA SOPAN)

Place :



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:** 13-08-2016 04:07:12 PM

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**Last Modified On :** 13-08-2016 04:07:12 PM

**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceiptid=637281710](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceiptid=637281710)  
 rnd=Mw==

*Principal*  
**Signature of Principal (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PUNE DIST. PUNE - 412301

*P. Schaver*  
**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PUNE DIST. PUNE - 412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017.**

<b>Application ID : MPH16100569</b>			
<b>Personal Details</b>			
<b>Full Name</b>	JAMKAR KANCHAN SHIVRAJ		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	11-02-1992	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	SC - Mahar	<b>Applied For EBC</b>	No
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	2432		
<b>Allotted Choice Code</b>	637281710		
<b>Allotted Seat Type</b>	GSC		
<b>Preference No.</b>	4		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tuition Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	10737/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	1900/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	12637/-		
<b>Remark</b>	Reported & Admitted		



*Signature of Candidate*

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

**Signature of The Candidate**  
(JAMKAR KANCHAN SHIVRAJ)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Reported On :** 13-08-2016 04:12:01 PM

**Printed On :** 13-08-2016 04:13:28 PM

**Last Modified On :** 13-08-2016 04:12:01 PM

**URL :** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTC3MG==&rnd=MQ==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTC3MG==&rnd=MQ==)

**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301

*Signature of Principal*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE - 412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

Application ID : MPH16101372

**Personal Details**

<b>Full Name</b>	SHENDKAR HARSHA BALASAHEB		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	17-05-1994	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	OPEN - Open	<b>Applied For EBC</b>	No
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



*(Signature)*

**Allotment Details**

<b>State Level Merit Number</b>	2110
<b>Allotted Choice Code</b>	637282210
<b>Allotted Seat Type</b>	GOPEN
<b>Preference No.</b>	1

**Reporting Details**

<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
<b>Tution Fees (₹)</b>	10000/-	<b>Course</b>	637282210-Pharmaceutical Chemistry
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	10000/-		
<b>Remark</b>	Reported & Admitted		

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:13-08-2016

Place :

*(Signature)*  
**Signature of The Candidate**  
 (SHENDKAR HARSHA BALASAHEB)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On:**13-08-2016 04:26:39 PM

**Printed On :**13-08-2016 04:26:41 PM

**Last Modified On :**13-08-2016 04:26:39 PM

**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTgyNA==&md=MQ==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTgyNA==&md=MQ==)

**PRINCIPAL**  
*(Signature)*  
**Signature of Institute Officer (6372)**  
 PUNE DISTRICT EDUCATION ASSOCIATION  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANGHAR, DIST. PUNE - 412301

*(Signature)*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANGHAR, DIST. PUNE - 412301





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

<b>Application ID : MPH16102291</b>			
<b>Personal Details</b>			
<b>Full Name</b>	PISAL POOJA SUNIL		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	02-01-1995	<b>Annual Family Income (₹)</b>	15,001 - 50,000
<b>Category-Caste</b>	OPEN -Open	<b>Applied For EBC</b>	Yes
<b>Religious Minority/ Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	1810		
<b>Allotted Choice Code</b>	637282210		
<b>Allotted Seat Type</b>	GOPEN		
<b>Preference No.</b>	1		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
<b>Tution Fees (₹)</b>	10000/-	<b>Course</b>	637282210-Pharmaceutical Chemistry
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	10000/-		
<b>Remark</b>	Reported & Admitted		



*Original*

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:13-08-2016

*P. P. Sable*  
**Signature of The Candidate**  
 (PISAL POOJA SUNIL)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune**

**Reported On :**13-08-2016 04:25:25 PM

**Printed On :**13-08-2016 04:25:28 PM

**Last Modified On :**13-08-2016 04:25:25 PM

**URL :** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTgxNW==&rnd=MQ==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTgxNW==&rnd=MQ==)

*P. P. Sable*  
**Signature of Institute Officer (6372)**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANBHAR, DIST. PUNE - 412301

*P. S. Chavan*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANBHAR, DIST. PUNE - 412301.





**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of 1**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

<b>Application ID : MPH16102569</b>			
<b>Personal Details</b>			
<b>Full Name</b>	LONKAR BHAKTI KUNDLIK		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	22-10-1994	<b>Annual Family Income (₹)</b>	2,00,001 - 3,00,000
<b>Category-Caste</b>	OBC - Mali	<b>Applied For EBC</b>	No
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	921		
<b>Allotted Choice Code</b>	637282110		
<b>Allotted Seat Type</b>	GOPEN		
<b>Preference No.</b>	1		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tuition Fees (₹)</b>	10000/-	<b>Course</b>	637282110-Pharmacology
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	10000/-		
<b>Remark</b>	Reported & Admitted		



*Bontkar*

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

Place : Saswad.

*Bontkar*  
**Signature of The Candidate**  
 (LONKAR BHAKTI KUNDLIK)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Reported On:** 13-08-2016 04:21:30 PM

**Printed On :** 13-08-2016 04:21:33 PM

**Last Modified On :** 13-08-2016 04:21:30 PM

**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTgwOA==&md=MQ==](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MTgwOA==&md=MQ==)

**PRINCIPAL**  
**Signature of Institute Officer (6372)**  
 TH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD, TAL. PURANDHAR, DIST. PUNE - 412301

*Prachar*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301





सत्यमेव जयते

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two**  
**Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

<b>Application ID : MPH16101557</b>			
<b>Personal Details</b>			
<b>Full Name</b>	POMANE DIPALI SANJAY		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	27-07-1994	<b>Annual Family Income (₹)</b>	15,001 - 50,000
<b>Category-Caste</b>	NT 2 (NT-C) -Shegar	<b>Applied For EBC</b>	Yes
<b>Religious</b>	N.A		
<b>Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	1543		
<b>Allotted Choice Code</b>	637281710		
<b>Allotted Seat Type</b>	GOPEN		
<b>Preference No.</b>	1		
<b>Reporting Details</b>			
<b>Institute</b>	Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	637281710-Pharmaceutics
<b>Development Fees (₹)</b>	10737/-	<b>Admission Date</b>	12-08-2016
<b>Other Fees (₹)</b>	1900/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	12637/-		
<b>Remark</b>	Reported & Admitted		



**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-08-2016

Place :

*Pomane*  
**Signature of The Candidate**  
(POMANE DIPALI SANJAY)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Reported On:** 13-08-2016 04:05:41 PM

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**Last Modified On :** 13-08-2016 04:05:41 PM

**URL:** [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admitreceipt?id=MPH16101557](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MPH16101557)

rnd=MQ==

*P. Sable*  
**Signature of Institute Officer (6372)**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE - 412301**

*P. Sable*

**PRINCIPAL**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE - 412301**




7/3/2015

Receipt-cum-Acknowledgement for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm) 2015 - 2016



**DIRECTORATE OF TECHNICAL EDUCATION, MAHARASHTRA STATE, MUMBAI**  
**3, Mahapalika Marg, Elphinstone Technical Highschool Campus, Mumbai - 400001.**  
**Receipt-cum-Acknowledgement of Institute Reporting of CAP Round - I for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015**  
**- 2016**

<b>Application ID : MPH15103361</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>GPAT Status : Non GPAT Candidate</b>				
<b>Personal Details</b>				
<b>Full Name</b>	NIGADE AVINASH SHRIKANT			
<b>Nationality</b>	Indian	<b>Gender</b>		Male
<b>Date of Birth</b>	20-05-1994	<b>Annual Family Income (₹)</b>		2,00,001 - 2,50,000
<b>Category-Caste</b>	OPEN	<b>Applied For EBC</b>		No
<b>PWD Type</b>	Not Applicable			
<b>Type of Candidature</b>		Maharashtra State Candidate - Type A		
<b>Allotment Details</b>				
<b>State Level Merit Number</b>		1191		
<b>State Level Category Merit Number</b>		-		
<b>Allotted Choice Code</b>		637281710		
<b>Allotted Seat Type</b>		NA		
<b>Reporting Details</b>				
<b>Institute Name</b>	Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune			
<b>Tution Fees (₹)</b>	25000/-	<b>Course Name</b>	Pharmaceutics (81710)	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	01-07-2015	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round-I	
<b>Total Fees (₹)</b>	25000/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:03-07-2015

**Signature of The Candidate**  
 (NIGADE AVINASH SHRIKANT)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015 - 2016 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

Reported On:03-07-2015 11:07:44 AM

Printed On:03-07-2015 11:07:47 AM

Last Modified On:03-07-2015 11:07:44 AM

URL: [http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admirecept?id=MTUyOQ==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admirecept?id=MTUyOQ==&rnd=MQ==)  
 id=MTUyOQ==&rnd=MQ==



**Signature of Institute Officer (6372)**

**PRINCIPAL**  
 Reported By:6372  
 PUNE DISTRICT EDUCATION OFFICER  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301

*P. Chavan*

**PRINCIPAL**  
 PUNE DISTRICT EDUCATION OFFICER  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301

[http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admirecept?id=MTUyOQ==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admirecept?id=MTUyOQ==&rnd=MQ==)

1/1




7/3/2015

Receipt-cum-Acknowledgement for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) 2015 - 2016



**DIRECTORATE OF TECHNICAL EDUCATION, MAHARASHTRA STATE, MUMBAI**  
**3, Mahapalika Marg, Elphinstone Technical Highschool Campus, Mumbai - 400001.**  
**Receipt-cum-Acknowledgement of Institute Reporting of CAP Round - I for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015**  
**- 2016**

<b>Application ID : MPH15103361</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>GPAT Status : Non GPAT Candidate</b>				
<b>Personal Details</b>				
<b>Full Name</b>	NIGADE AVINASH SHRIKANT		 <i>Nigade</i>	
<b>Nationality</b>	Indian	<b>Gender</b>		Male
<b>Date of Birth</b>	20-05-1994	<b>Annual Family Income (₹)</b>		2,00,001 - 2,50,000
<b>Category-Caste</b>	OPEN	<b>Applied For EBC</b>		No
<b>PWD Type</b>	Not Applicable			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
<b>State Level Merit Number</b>		1191		
<b>State Level Category Merit Number</b>		-		
<b>Allotted Choice Code</b>		637281710		
<b>Allotted Seat Type</b>		NA		
<b>Reporting Details</b>				
<b>Institute Name</b>	Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune			
<b>Tution Fees (₹)</b>	25000/-	<b>Course Name</b>	Pharmaceutics (81710)	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	01-07-2015	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round-I	
<b>Total Fees (₹)</b>	25000/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:03-07-2015

*Nigade*  
**Signature of The Candidate**  
 (NIGADE AVINASH SHRIKANT)



Place :

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015 - 2016 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

Reported On:03-07-2015 11:07:44 AM

Printed On :03-07-2015 11:07:47 AM

Last Modified On :03-07-2015 11:07:44 AM

URL: [http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admireceipt?id=MTUyOQ==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admireceipt?id=MTUyOQ==&rnd=MQ==)  
 id=MTUyOQ==&rnd=MQ==



Signature of Institute Officer (6372)

*Principal*  
**Principal**  
 Reported By: 6372  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412301

*P. Chavhan*  
**Principal**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE - 412301.**


[http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admireceipt?id=MTUyOQ==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admireceipt?id=MTUyOQ==&rnd=MQ==)

1/1





**DIRECTORATE OF TECHNICAL EDUCATION, MAHARASHTRA STATE, MUMBAI**  
**3, Mahapalika Marg, Elphinstone Technical Highschool Campus, Mumbai - 400001.**  
**Receipt-cum-Acknowledgement of Institute Reporting of CAP Round - I for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015**  
**- 2016**

<b>Application ID : MPH15103255</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>GPAT Status : Non GPAT Candidate</b>				
<b>Personal Details</b>				
<b>Full Name</b>	DHENDE AARTI ASHOK		 Dhende	
<b>Nationality</b>	Indian	<b>Gender</b>		Female
<b>Date of Birth</b>	06-06-1993	<b>Annual Family Income (₹)</b>		< 1,00,000
<b>Category-Caste</b>	SC -Mahar	<b>Applied For EBC</b>		No
<b>PWD Type</b>	Not Applicable			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
<b>State Level Merit Number</b>		3077		
<b>State Level Category Merit Number</b>		-		
<b>Allotted Choice Code</b>		637281710		
<b>Allotted Seat Type</b>		SCST		
<b>Reporting Details</b>				
<b>Institute Name</b>	Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune			
<b>Tution Fees (₹)</b>	0/-	<b>Course Name</b>	Pharmaceutics (81710)	
<b>Development Fees (₹)</b>	8498/-	<b>Admission Date</b>	01-07-2015	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round-I	
<b>Total Fees (₹)</b>	8498/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

**Date:** 03-07-2015

**Signature of The Candidate**  
(DHENDE AARTI ASHOK)



**Place :**

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015 - 2016 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**



**Signature of Institute Officer (6372)**

**PRINCIPAL**


Reported By:: 6372  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD,  
TAL. PURANDHAR, DIST. PUNE-412301

**PRINCIPAL**  
PUNE DISTRICT EDUCATION ASSOCIATION'S  
SETH GOVIND RAGHUNATH SABLE  
COLLEGE OF PHARMACY, SASWAD  
TAL. PURANDHAR, DIST. PUNE-412301.





**DIRECTORATE OF TECHNICAL EDUCATION, MAHARASHTRA STATE, MUMBAI**  
**3, Mahapalika Marg, Elphinstone Technical Highschool Campus, Mumbai - 400001.**  
**Receipt-cum-Acknowledgement of Institute Reporting of CAP Round - I for Admission to First**  
**Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015**  
**- 2016**

<b>Application ID : MPH15103081</b>		<b>Sponsorship Status : Non Sponsored</b>		
<b>GPAT Status : Non GPAT Candidate</b>				
<b>Personal Details</b>				
<b>Full Name</b>	JATAK TEJASWI DADASAHEB		 <i>Jatak</i>	
<b>Nationality</b>	Indian	<b>Gender</b>		Female
<b>Date of Birth</b>	26-07-1993	<b>Annual Family Income (₹)</b>		< 1,00,000
<b>Category-Caste</b>	OPEN	<b>Applied For EBC</b>		Yes
<b>PWD Type</b>	Not Applicable			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
<b>State Level Merit Number</b>		898		
<b>State Level Category Merit Number</b>		-		
<b>Allotted Choice Code</b>		637281710		
<b>Allotted Seat Type</b>		NH		
<b>Reporting Details</b>				
<b>Institute Name</b>	Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune			
<b>Tution Fees (₹)</b>	40000/-	<b>Course Name</b>	Pharmaceutics (81710)	
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	02-07-2015	
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round-I	
<b>Total Fees (₹)</b>	40000/-	<b>Remark</b>	Reported & Admitted	

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the College/institute/university/Government and the undertaking given above.

**Date:** 03-07-2015

*Jatak*  
**Signature of The Candidate**  
**(JATAK TEJASWI DADASAHEB)**



**Place :**

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015 - 2016 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

**Reported On:** 03-07-2015 11:00:56 AM

**Printed On:** 03-07-2015 11:00:58 AM

**Last Modified On:** 03-07-2015 11:00:56 AM

**URL:** [http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTUyNg==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admitreceipt?id=MTUyNg==&rnd=MQ==)

**Id=MTUyNg==&rnd=MQ==**



**Signature of Institute Officer (6372)**

*Principal*  
**Principal**

**Reported By:** 6372  
**Printed By:** 6372  
**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412 301**

*P. Chavhan*  
**Principal**

**PUNE DISTRICT EDUCATION ASSOCIATION'S**  
**SETH GOVIND RAGHUNATH SABLE**  
**COLLEGE OF PHARMACY, SASWAD**  
**TAL. PURANDHAR, DIST. PUNE-412 301**

[http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTUyNg==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admitreceipt?id=MTUyNg==&rnd=MQ==)



7/3/2015

Receipt-cum-Acknowledgement for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) 2015 - 2016



**DIRECTORATE OF TECHNICAL EDUCATION, MAHARASHTRA STATE, MUMBAI**  
 3, Mahapalika Marg, Elphinstone Technical Highschool Campus, Mumbai - 400001.  
 Receipt-cum-Acknowledgement of Institute Reporting of CAP Round - I for Admission to First  
 Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015  
 - 2016

<b>Application ID : MPH15103234</b>		<b>Sponsorship Status : Non Sponsored</b>	
<b>GPAT Status : Non GPAT Candidate</b>			
<b>Personal Details</b>			
<b>Full Name</b>	KHATATE POOJA BALASAHEB		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	20-12-1993	<b>Annual Family Income (₹)</b>	< 1,00,000
<b>Category-Caste</b>	OPEN	<b>Applied For EBC</b>	Yes
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>Allotment Details</b>			
<b>State Level Merit Number</b>	1113		
<b>State Level Category Merit Number</b>	-		
<b>Allotted Choice Code</b>	637281710		
<b>Allotted Seat Type</b>	NH		
<b>Reporting Details</b>			
<b>Institute Name</b>	Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune		
<b>Tuition Fees (₹)</b>	25000/-	<b>Course Name</b>	Pharmaceutics (81710)
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	02-07-2015
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round-I
<b>Total Fees (₹)</b>	25000/-	<b>Remark</b>	Reported & Admitted

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:03-07-2015

Place :

*Puf*  
**Signature of The Candidate**  
 (KHATATE POOJA BALASAHEB)

**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015 - 2016 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

**Seal of Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune**

Reported On:03-07-2015 11:05:48 AM

Printed On:03-07-2015 11:05:51 AM

Last Modified On :03-07-2015 11:05:48 AM

URL: [http://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTUyOA==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admitreceipt?id=MTUyOA==&rnd=MQ==)



Signature of Institute Officer (6372)

**Principal**

Reported By: 6372  
 PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE-412 301

*Eschau*  
**Principal**

PUNE DISTRICT EDUCATION ASSOCIATION'S  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD  
 TAL. PURANDHAR, DIST. PUNE - 412301.

[tp://mpharm15.dtemaharashtra.org/mpharm15/institute\\_report.php/institute\\_reporting/admitreceipt?id=MTUyOA==&rnd=MQ==](http://mpharm15.dtemaharashtra.org/mpharm15/institute_report.php/institute_reporting/admitreceipt?id=MTUyOA==&rnd=MQ==)



7/3/2015

Receipt-cum-Acknowledgement for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) 2015 - 2016



**DIRECTORATE OF TECHNICAL EDUCATION, MAHARASHTRA STATE, MUMBAI**  
 3, Mahapalika Marg, Elphinstone Technical Highschool Campus, Mumbai - 400001.  
 Receipt-cum-Acknowledgement of Institute Reporting of CAP Round - I for Admission to First  
 Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2015  
 - 2016

**Application ID : MPH15103234** **Sponsorship Status : Non Sponsored**  
**GPAT Status : Non GPAT Candidate**

**Personal Details**

<b>Full Name</b>	KHATATE POOJA BALASAHEB		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	20-12-1993	<b>Annual Family Income (₹)</b>	< 1,00,000
<b>Category-Caste</b>	OPEN	<b>Applied For EBC</b>	Yes
<b>PWD Type</b>	Not Applicable		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		

**Allotment Details**

<b>State Level Merit Number</b>	1113
<b>State Level Category Merit Number</b>	-
<b>Allotted Choice Code</b>	637281710
<b>Allotted Seat Type</b>	NH

**Reporting Details**

<b>Institute Name</b>	Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune		
<b>Tuition Fees (₹)</b>	25000/-	<b>Course Name</b>	Pharmaceutics (81710)
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	02-07-2015
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round-I
<b>Total Fees (₹)</b>	25000/-	<b>Remark</b>	Reported & Admitted

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Date: 03-07-2015

**Signature of The Candidate**  
 (KHATATE POOJA BALASAHEB)



Place :

**INSTITUTE USE ONLY**

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Signature of Institute Officer (6372)

**Principal**  
 Reported By: 6372  
 Printed By: 6372  
 SETH GOVIND RAGHUNATH SABLE  
 COLLEGE OF PHARMACY, SASWAD