



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

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

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.

ou are required to deposit the first installment of Admission Fee Rs. 1,80,000/- (Rupees One Lakh Eighty Thousand Only) by July 12th, 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 "IIHMR 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, IIHMR 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	econd Installment 1,65,000	
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
	Total	8,40,000	

Students interested to apply for the bank loan should send the required detail in the prescribed format (enclosed for Jur reference) by email to 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.

Viral Vaishnav

Manager – Academic Administration

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNAT' I SABLE COLLEGE OF PHARMACY 3 SWAD

TAL. PURAHDHAR, DIST. PUR : 412301.



Dated: 10-Jun-21

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.Se) in Pharmacovigilance & Clinical Research (Application) Clinical Research (Academic Session, 2021)! For over a decade Chitkara University has proudly welcomed new students, and we are provided to 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 outstanding student bodies in the country comes in recognition of your academic and personal achievements.

Since admission to Children II. 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 around a student sets the 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.

Chief Admidsions Officer

Office of Academic Support

UNE DISTRICT EDUCATION ASSOCIATION' SETH GOVIND RAGHUNAT / BABL COLLEGE OF PHARMACY, 3 ISWA TAL. PURANDHAR, DIST. PUNE 412301. **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 Bth 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: MPH2	and the second s	Med	e of Admission   Non-Someoned
Full Name	Personal	Details	Salar Salar Salar
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Nationality	/ Indian	Gender	Female
Date of Birth	The state of the s	Annual Family Income	\$0,001 - 1,00,000
Category-Caste		The second secon	day of the same
Religious Minority/Linguistic Minority			and the same of th
PWD Type	NA.	my	manufacture of the state of the
Type of Candidature	Maharashtra State Candidate -	Type A	·
EWS Status	N.A. P. Market and Comment	Orphan State	
Seat Acceptance Fee is	s filled by online payment	of Rs. 1000/-	A STATE OF THE PROPERTY OF THE PARTY OF THE
Paid Amount (₹) ☐ 1000/	The state of the s	the state of the s	nsaction Order GUT1H8c655
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	All India Merit Number	881	
	Allotted Choice Code	Market and the second s	- market and a second
	Allotted Seat Type	GOPEN	
Market State of the Control of the C	Preference No.	3	Plant : a.
eporting Details		A Marie Sale Commercial Conference Service Commercial Service Commerci	And the second of the second o
Institute	Sinhgad Institute of Pharmacy	, Narhe(Ambegaon), Pune	and the second second second
Tution Fees (₹)	0/-	Co	ourse 636381710-Pharmaceut
Development Fees (₹)	18221/-	the said to he be a proposed manufactures and contract of the said	Date 27-01-2021
Other Fees (₹)	0/-	And a second comment of the proposition and the second comment of the second descriptions and the second descriptions are not the second descriptions and the second descriptions are not the second descriptions and the second descriptions are not the second descriptions and the second descriptions are not the second descriptions and the second descriptions are not the second descr	Type CAP Round
	The state of the s	The second secon	and the state of the second second second second second
Total Fees (₹)	18221/-	the statement of the statement	

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 Coffeee/ Institute, I will not behave in a manner which may result in competiting 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 :

Maylub 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 Cokege / Institute for First Year Cf Twi 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

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

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Signature of Institute Officer (6363)

SINHOAD INSTITUTE OF FIREPORTED BY:6363 NARHE, PUNE - 411 041 Printed By:6363

Last Modified By:6363

PRINCIPAL

SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY. 3 SWAD





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 Personal Details 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 PWD Type Type of Candidature Maharashtra State Candidate - Type A EWS Status Seat Acceptance Fee is filled by online payment of Rs. 1000/-Orphan Status Pald Amount (₹) □ 1000/~ Payment Status Transaction order\_GOROUFWNPeygAG Allotment Details All India Merit Number 718 Allotted Choice Code 636381710 Allotted Seat Type GOPEN Preference No. Reporting Details Institute Sinhgad Institute of Pharmacy, Narhe(Ambegaon), Pune Tution Fees (₹) 81779/ Course 636381710-Pharmaceutics Development Fees (₹) Admission Date 27-01-2021 Other Fees (₹) 0/-Admission Type CAP Round Total Fees (₹) 100000/-Remark | OK

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Date:27-01-2021

Place: Nothe

Signature of The Candidate KUDALE SNEHAL SADASHIV)

INSTITUTE USE ONLY

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

Reported On:27-01-2021 02:57:25 PM Printed On :27-01-2021 02:57:28 PM

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

Signature of Institute Officer (6363)

PRINCIPAL BINHGAD INSTITUTE OF PHReported By:6363

NARHE, PUNE - 4(1 04) Printed By:6363

Last Modified By:6363

PUNE DISTRICT SETH GUVIND 40. "HUYMIN SABLE COLLEGE OF PHARMACY, 3 ISWAD TAL PHRANDHAR, DIST PUN 1 - 412301





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Last Modified On 129-01-2021 02:21:54 PM

State Common Entrance Test Cell, Maharashtra State, Mumbal 8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbal-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



William Street S	TO TO	icculanteate) 1 tot t	the year 2020 - 2021	1
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Full Name	SHELA	R KRUTIKA SANJAY		CONTRACTOR OF THE PARTY OF THE
Nationality	Indian	And the state of the state of the same of	Gender	Female
Date of Birth	16-04	-1998	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	sc	AND COMMENTS	former branch and the same of the same	
Religious Minority/Linguistic Ninority	N.A		Manufacture of the second seco	
PWD Type	N.A.		All the second	and the second
Type of Candidature	Mahar	ashtra State Candidate -	Type A	The same is a market of the same
EWS Status	N.A.		Orphan Status	N.A.
Seat Acceptance Fee is	filled	by online payment o	of Rs. 1000/-	
Paid Amount (2)       1000/-	The second second	Payment Status	Successful Transact	tion order_GOLru2RPm6Ws
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	All I	ndia Merit Number	380	and the state of t
	Al	lotted Choice Code	400681710	and the state of t
		Allotted Seat Type	GSC	
		Preference No.		analysers Softs and
Reporting Details		to produce the second s		A-1207-148-15-07-15-1
Institute	Depart	ment of Pharmacutical Sc	lences, R. T. M. Nagpur Universi	ity, Nagpur
Tution Fees (?)	8000/-	The same of the same of the same of the same of	Course	and the second s
Development Fees (?)	6000/-		Admission Date	28-01-2021 CAP Round
Other Feas (2)	4327/-	The state of the s	Admission Type	CHI WORLD
Total Feas (?)	18327/	a plantage is many a way bearing a manager	The second of th	The state of the s
Remark	design of the same of	And and and	laws enforced by Government. I hereby	y undertake that so long as I am stud
e-claration by Candidate 1 heri Cheese Institute, I will not believe receal/Director of the institute/ recealitate/university/Covernmen Date:28-01-2021	118 30 118	a ways rights to expel futtice	ing the authorities to take disciplinary, ite me from the institute, for any infr	sction against me. I fully understand a ingement of the rules prescribed by Signature of The Candidat (SHELAR KRUTIKA SANAN)
and the second s				
Place:	4	A Committee of the second	Product to the state of the sta	WITH THE FORM THE THEFT OF
eclaration by the College/Insieo (ear Full Time Post-Graduals ation of Candidate's Identity.	The cand didnte	date has paid the Fees me	ntioned in this receipt, we and or	HEAR
Seal of Department of F R. T. M. Nagpur Univers	harma ity, Na	acutical Sciences, igpur	Signature d	FTHStitute of their fiborisms of the Christians of the Christian of the Ch

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#### 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	(2)
HallTicet No	2111111433	
Candidate's Name	KUMBHAR PRAGATI RAMESH	AVE
All India Rank	1075	
Category Allotted	OBC	
Course Allotted	M.S.(Pharm.) Biotechnology	Pkumbhaz
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)

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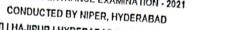
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kindly note - Admission is provisional till the submission of following documents at the time of reporting at the llotted NIPER. The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any)., failing which, the candidature shall be <sub>summ</sub>arily rejected:  $_{
m S.No}$  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. Original Migration Certificate (Last Attended University/ Institute) 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. Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexure – 2 of brochure of NIPER JEE 2021, if applicable. Affidavit to be provided in the form of Undertaking provided given in Annexure-3 of brochure of NIPER JEE 2021. 10. Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given 11. in the form given in Annexure-4 of brochure of NIPER JEE 2021. Affidavit to be provided in the form of Undertaking in prescribed format given in Annexure-8. 12. Certificate of reservation, if applicable. 13. 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 14. this regard). If applicable. Certificate of disability, if applicable. 15. Documentary proof in support of the NRI status. If applicable. 16.

PRINCIPAL
PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RACHUMAT I SABLE
COLLEGE OF PHARMACY I SWAD
TAL PURAMDHAR, DIST. PUNE - 412301.



# NIPER JOINT ENTRANCE EXAMINATION - 2021





| 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

# 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

Application No	MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/P.	ank obtained in
Secret Code	000230	
HallTicet No	4AA5D2DB4AA	
Candidate's Name	2111111433	(m) (m)
All India Rank	KUMBHAR PRAGATI RAMESH	
	1075	ATT
Category Allotted Course Allotted	OBC	
Institute Allotted	M.S.(Pharm.) Biotechnology	
Astriute Allotted	NIPER Hajipur	Pkumbhar
<u>Undertaking:-</u>		Candidate's Signature

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned
- 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
- 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
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying egree/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
- 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

(Signature of the Candidate)

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

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

he candidates will be required to submit the following documents in original and one set of self attested photocopies of ese certificates at the time of reporting at the allotted NIPER (if any)., falling which, the candidature shall be mmarily 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.

Original Migration Certificate (Last Attended University/ Institute)

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.

Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable

Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexure –2

Affidavit to be provided in the form of Undertaking provided given in Annexure-3 of brochure of NIPER JEE 2021. of brochure of NIPER JEE 2021, if applicable.

Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given 11.

in the form given in Annexure-4 of brochure of NIPER JEE 2021.

Affidavit to be provided in the form of Undertaking in prescribed format given in Annexure-8. 12.

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.

14.

Certificate of disability, if applicable. 15.

Documentary proof in support of the NRI status. If applicable.

SETH GOVIND RACHULISTH SABLE COLLEGE OF DHARPY, CY. 3 SWAD TAL PURANDISH LET TUNE 412391.



### NIPER JOINT ENTRANCE EXAMINATION - 2021 CONDUCTED BY NIPER, HYDERABAD



| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | \$A\$ NAGAR |

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Application No	11810000301	
Secret Code	AD833BA35D7	(年)年
HallTicet No	2111111743	
Candidate's Name	LASURE AARTI MAHADEV	
All India Rank	933	
Category Allotted	EWS	-Nasure
Course Allotted	M.S.(Pharm.) Biotechnology	A STATE OF THE PARTY OF THE PAR
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
- 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.
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(Signature of the Candidate)

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND SACHUNATE I BABLE COLLEGE OF PHARMACY, SASWAD TAL. PURANDHAR, DIST. PUNE - 412301. \$132021

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- S.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.
- Original Migration Certificate (Last Attended University/Institute)
- 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.
  - Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable
- Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexure 2 of brochure of NIPER JEE 2021, if applicable.
- Affidavit to be provided in the form of Undertaking provided given in Annexure-3 of brochure of NIPER JEE 2021.
- 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.
- 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.
- Certificate of disability, if applicable.
- 16. Documentary proof in support of the NRI status. If applicable.

PUNE DISTRICT EDUCE TION ASSOCIATION'S SETH GOVINE HUNAT I SABLE COLLEGE OF PHAMMACY, JASWAD TAL PURANDHAR, DIST, PURE -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			
Gender	Male	Annual Family Income (₹)	50,001 - 1,00,000		
Category-Caste	OPEN				
Applied For EWS	No				
РН Туре	N.A.				
* Type of Candidature	Maharashtra State Candidate - Type A				



**English Medium Graduation Institute** 

**Graduation Course** 

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

Transaction Id order\_GX0YQS99eEgSL Successful **Payment Status** Paid Amount (₹) ₹ 1000/-

**Institute Details:** 

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

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

Place: Suswad

Signature of Candidate

**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.

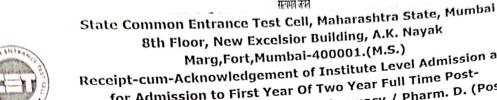
Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Institute Officer (6372) Signature of

TH'GOVIND RAGHUNATH SAFLE LEGE OF PHARMACY, SASWAD

COLLEURANDHAR. DIST. PUNE 2/3/2021, 12:16 PM





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 :	
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aharashtra St	ate Cana		
		The second secon	
			aharashtra State Candidate - Type A



order\_GUKfm3IbtpSUA **Graduation Institute** Transaction Id

Institute level Fee is filled by online payment of Rs. 1000/tion Association's Seth Govind Raghunath Sable College of ₹ 1000/-

Paid Amount (₹) Instit

titute level		Payment	And the state of t		Seth Goving		A CONTRACTOR OF THE PROPERTY O
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Amount (₹)	A COMPANY OF THE PARK OF THE P		District Educat	101171-	6	37281710-Ph	armaco
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luce	Institute Name	pharmacy, 3	and the same of th	A STATE OF THE PARTY OF THE PAR	ion Date 0	3-02-2021 nstitute Leve Reported & A	Seat
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DEV	other Fees (₹)	-200/-		d laws enforced b	ing the author	ticate me fro	m the institution

Total Fees (₹) | 40000/
Declaration by Candidate: I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I are student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against in a manner which may result in compelling the authorities to take disciplinary action against of the institute of the am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against to expel, rusticate me from the institute, for any me. I fully understand that the Principal/Director of the institute/College will have rights to expel, rusticate me from the institute, for any me. I fully understand that the Principal/Director of the institute/university/Government and the undertaking given above.

Date:03-02-2021



INSTITUTE USE ONLY
INSTITUTE USE ONLY
Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the vear 2020-2021 on Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate (M. Pharmacy / Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020-2021 on 100 Year Full Time Post-Graduate (M. Pharmacy / Pharma confirmed in presence of the Candidate.

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

Signature of Institute Officer (6372) PUBLIFICATION AND ADDRESS OF THE PROPERTY OF T SETULEGE OF PHALMATOY SEE THAT COTAL PURANDHAR DISTIPUISH DEOL PURANUMAN, MOUNT ME 2/3/2021, 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

	IDU201	103904		
plication ID: N	ILHTO	L03904 Personal	Details	Tamale
		to the same of the	Gender	Female
Fu	l Name	RAUT VAISHNAVI SANTOSH	Gend	15,001 - 50,000
Natio	nality	Indian	Annual Family Income (₹)	15,000
Date of	Birth	18-08-1997	Incom	100
Categor	y-Caste	OBC		
Policious Minority/L		N.A		I No
PWI	у Туре	N.A.	Type A Orphan Status	N.A.
Type of Candi	dature	N.A. Maharashtra State Candidate -		COUOTZZAOD
FW	S Status	N.A.	of Rs. 1000/	ction Id order_Goo
	o Englis	N.A.  S filled by online payment  Payment Status	Successful	:
Seat Acceptanc	e ree is	Payment Status		
Paid Amount (₹)	₹ 1000/-	The state of the s	7	
Allotment Details		All India Merit Number	2103	
- + +		All India Merit	637281710	
		Allotted Choice Co	GOBC	
		Allotted Seat Type	And the Control of th	
		Preference No.		Sable College of Pharmacy,
			Seth Govind Raghunath	Saule Care C
Reporting Details		Rooma District Education Associ	4 ation's Seth Govind Raghunath Cours	e 637281710-Pharmaceutics
	Institute	Saswad, Pune		
	ı Fees (₹)	60750/-	Admission Dat	Baund
			Admission Typ	e CAF ROUNT
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Company of the last of the las		74250/-		I hereby undertake that so long as take disciplinary action against me. I nstitute, for any infringement of the
1016	111665 (1	Reported & Admitted	the enforced by Government.	I hereby undertake that so long as take disciplinary action against me. I nstitute, for any infringement of the

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 function of the institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I function of the institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I function of the result of the institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I function of the result of the prescribed by the college/institute/university/Government and the undertaking given above. Signature of The Candidate

Date:28-01-2021

RAUT VAISHNAVI SANTOSH)

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 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. INSTITUTE USE ONLY confirmed in presence of the Candidate.

PUNE DISTRICT EDUCATION ACC SETH GOVIND RAGHUNATH SABLE TAL PURAHOMAR, DIST. PURE (28/202), 12:09 PI Small of Passins Cristians Extendium Association's Smith Continut Rigglementh Sobile College of Philosophics, September, Passe

Respondent the Jan Inc. 1000 to 15 at 25 mg

\$ 4000 \$6000\$Herd One -15-10 2005 12-12-25 800

Signature of Institute Officer (6372)

Term Street Batter Reported Byrates

Last Medified By:8372



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

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



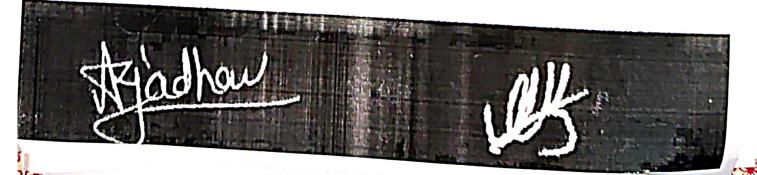
# Apurva Jadhav M.S. (Pharm)

Student ID No. : NIPERA2022BT01

D.O.J. : 03-11-2020

Blood Group : A+

Validity : 30-6-2022







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

Place:-Date:-

Candidate Signature



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

# NIPER Joint Entrance Examination 2020 - Master's Program <u>Provisional Seat Allotment Letter</u>

### 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

Shoice 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.

PRINCIPAL
PUNE DISTRICT EDUCATION ASSET AND ASSET HONE
SETH GOVIND RAGHUNATH ASSET
COLLEGE OF PHARMACY, SASTIAL
TAL. PURANDHAR, DIST, PURE AND ASSET



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

vice 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.
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PRINCIPAL
PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNATH SABLE
COLLEGE OF PHARMACY, 3ASWAD
COLLEGE OF PHARMACY, 3ASWAD
ANDHAR, DIST, PUNE. 412301.

Print Date :: 26/Oct/2020 05:25:24



### 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

431

hoice No.

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.

gree, 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.

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(Signature of Student)

LLEGE OF PHARMACY TAL, PURANDHAR, DIST OUN

Page1 of 2



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

egory 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, n Amission 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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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.

Category Allotted:

Course Allotted:

M.S. (Pharm) Pharmaceutics

Institute Allotted:

National Institute of Pharmaceutical Education and Research Hyderabad

Applicable Course Fee:

60425

Undertaking:



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.

750

Category Allotted:

ОВС

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, by 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.

PRINCIPAL

(Signature of Student)

PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNAT' I SABLE
COLLEGE OF PHARMACY ; SWAL

Page1 of 2



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

Dategory 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.

(Signature of Student)

PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNATH SABLE

Page1 of 2

COLLEGE OF PHARMACY, 3 AS WALL



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

Shoice 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.
- 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. The programme through NIPER and 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.

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





## Sabitribai Phule Pune Unibersity

(formerly University of Pune)

We, the Chancellor, the Vice Chancellor and the Members of the Management Council and the Chendemic Council of the Sanitribui Phale Pane University cortify that

Jawalkar Gogeth Sonaba, Miller's Name. Lata

of Shankurran Ursal College of Pharmacentical 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 विद्यापीट)

आम्ही, सावित्रीवाई पुले पुणे विद्यापीठाचे कुलपति, कुलगुरु आणि व्यवस्थापन परिपद व विद्या परिपद सदरय, प्रमाणित करितो की,

जवळकर योगेश सोनवा, आईचे नावः लता

शंकरराव उरसळ कॉलेज ऑफ फार्मासिटीकल सायन्सेस ऑण्ड रिसर्च सेंटर. येथून ए श्रेणीत जुन २०१६ मध्ये

औषधनिर्माण पारंगत ( कार्माखुटिकस )

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

Homely.

Vice Chancellor

30th June 2017

PH16-02363

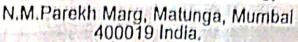
SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD

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TAL, PURANDHAR, DIST, PUME - 412301.



# Institute of Chemical Technology Institute Of Chemical Technology







### Fee Receipt(Student Copy - Original)

Receipt

IN/2019-2020/225

Date

: 26/06/2019

No.

: Alshwarya Sunll Poman

Enrollment

No.

Student Name

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

	year[General]	3 (47
S No.	Particulars	Total (in Rs.)
1 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
1	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)



# 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

).O.J. : 02-11-2020

Blood Group : AB-

Validity : 30-6-2022



PRINCIPAL
PUNE DISTRICT EDUCATION ASSOCIATION
SETH GOVIND RAGHUNAT I SABLI

State Common Entrance Test Cell, Maharashtra State, Mumbal 8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbal-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

Hade of Admittion : Hon Spontored

Personal Details Full Name KARNVAR ARPANA SANJAY

Nationality Indian

Gender Female

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

Date of Birth 02-04-1997

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 GITTC Preference No. 4

Reporting Details

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

Course 636481710-Pharmaceutics

Admission Date 13-08-2019

Admission Type CAP Round

Tution Fees (?) 0/-

Development Fees (\*) 10321/-

Other Fees (?) 0/-

Total Fees (₹) 10321/-

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 rake disciplinary action. I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to rake disciplinary action is operated by Judgment and 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.

(Bramson Signature of The Candidate

(KARIIVAR ARPANA SAIDAY)

Date:13-08-2019

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 year 2019 - 2020 on verification of Candidate is confirmed in presence of the Candidate. INSTITUTE USE ONLY

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

Signature of Institute Officer (6364)

Reported By:6364

Printed By:6364

Last Modified By:6354.

Last Modified On :13-08-2019 12:18:56 PM Copyright 2019-2020 All rights reserved. Best viewed at 1024 X 768 resolution. Browser support Mozilla Firefort 2.0 & above , 1.E. 7 & above.(1..)

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAPHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD TAL PURANDHAR, OIST, PUA 4-412301.

Seal of Progressive Education Society's Modern College of Pharmacy( for Women), Moshi-(Tal.Haveli) Reported On:13-08-2019 12:18:56 PM

In an Patrice W. of H. o.







प्रकार सकत के ओर राष्ट्रीय औषघीय शिक्षा एवं अनुसंघान संस्थान HYDERABAD 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. Garara Maria

Registrar

Propos

PRINCIPAL
PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVING RECHUNATY SABLE
COLLEGE LEPHAR OLCK, SASWAD
TAL PURA CHAR, DIST. PUNE 1- 112301.



# 27 Years of Academic Excellence

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

### Hingane Supriya

Date of Birth

Blood Group

3/10/1998

AB(+ve)

Unique ID

Pharmacy (M. Pharm.) RVSZY20

Email Address

supriya.rvszy20@sinhgad.edu

Principal / Director Sign

2023 Valid Until



STUDENT



PUNE DISTPICT BOT ( , t)

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

GREEN TECHNOLOGY







Acking

Roll No.: 19GRT201

Poman (Last Name)

Class: M. Tech

Alshwarya

(First Nama)

Sunll

(Middle Name)

Year: 2019-20

Validity: JUN-2021

Registrar: RROachubl

PRINCIPAL

ATH SABLE





### State Common Entrance Test Cell, Maharashtra State,

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 50,001 -Income (₹) 1,00,000

Category-Caste OBC -Mali

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

**Type of**Maharashtra State Candidate - Type A Candidature

**Allotment Details** 

All India Merit Number 573

Allotted Choice Code 637281710

Allotted Seat Type GOPEN

Preference No. 1

Reporting Details

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

Tution Fees (₹) 48222/-

637281710-

Course Pharmaceutics

Development Fees (

Admission Date 22-07-2019

Other Fees (₹) 0/-

Admission Type CAP Round

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: 22-07-2019

The Candidate Signature of

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

SETH GOVIND RAGHUNATH SAL

COLLEGE OF PHARMACY, GASWAD TAL PURATULIAR, D.C. PUNT - 412301. 7/22/2019, 12:43 PM

f2



### 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

Date of Birth 12-04-1997

**Gender** Female

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

Category-Caste OPEN

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

Type of Maharashtra State Candidate - Type A

Candidature

**Allotment Details** 

All India Merit Number 1046

Allotted Choice Code 637281710

Allotted Seat Type GNTB

Preference No. 1

Reporting Details

Poona District Education Association's Seth Govind Raghunath Sable

Institute College of Pharmacy , Saswad, Pune

Tution Fees (₹) 62000/-

Course Pharmaceutics

Admission Date 13-08-2019

Development Fees ( 0/-

Admission Type CAP Round

Other Fees (₹) 0/-

Total Fees (₹) 62000/-

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

Place: Saswal

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 the

> PUNE DISTRICT EDUCAT SETH GOVIND RAGHUNAT'S SAEL COLLEGE OF PHALMACY, SASWAD TAL PURANDHAH, D. 3T. PUM -4123

8/13/2019, 1:27 P

1 of 2





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 Date of Birth 15-11-1997 Nationality Indian Annual Family 8,00,001 -Gender Female Income (₹) 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/-**Transaction** f6e4fb06e3d369498563 Successful Paid Amount (₹ **Payment Status** ₹ 1000/-Institute Details: 6372 - Poona District Education Association's Seth Govind Raghunath Sable Institute Name College of Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority) Course Name 637281710-Pharmaceutics Tution Fees (₹) 11222/-Admission Date 20-08-2019 Development Fees (₹) 13778/-Admission Type Institute Level Seat Other Fees (₹) 0/-Remark | Reported & Admitted Total Fees (₹) 25000/-

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 Feorgraphic 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 Setp Raghunath Sable College of Pharmacy, Sas

Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH SABLE RLLEGE OF RHARMACY, SASWAD

PURANOLAR, DIST. PUNE-412-3012019, 3:31

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION SETH GOVIND RACHUNATH SAC COLLEGE OF PHAR. MCY, SASWAD TAL PURAMOHAR, DIST PURM - 012301.

l of 2





State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai400001.(M.S.)
Receipt-cum-Acknowledgement of Institute Level Admission as for
Admission to First Year Of Two Year Full Time Post-Graduate Course In
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



PORIALET	Pharmacy (Fi. 1		2019 - 2	020				
		Applicat	ion ID : M	PH19203110				
rsonal Details	F 1							
roll	Name KAUSLYA A	RUMUGAM						
Nationality Indian				Date of Birth	27-07-1997			
	Gender Female		۸	nnual Family Income (₹)	50,001 - 1,0	00,000	i i	
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Type of Cand	lidature Maharash	itra State cui.						
	English	Medium No						
	Graduation							
	Graduatio	on Course						
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nstitute bett		6372 - Poona	District	Education Ass	ociation 5 5	Non-Au	vind Raghunath Sable tonomous - Non-	
	Institute Name	College of Pr	iarmacy,	Sustracy	200 <b>-</b>			
		Minority		Co	urse Name	637281	710-Pharmaceutics	1
	Tution Fees (₹)	51222/-		Adm	ission Date	20-08-	2019	]
Devo	le, ment Fees (रैं )	13778/-		Adm	ission Type	Institut	te Level Seat	]
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ection against m	ne. I fully understand	iles prescribed by	the college	/institute/univers	ity/Governme		expel, rusticate me from the undertaking given above.	
nstitute, for any	musigement of the						Signature of Candidat	e
Date:20-08-7	2019					9700_	(KAUSLYA ARUMUGAM)	
								ᆜ.
Place :								
			INSTITU	TE USE ONLY	usia Candida	te to our	College / Institute for First	/ear
	C / Institu	te : We hereby o	declare that	, we are admitting	D. (Post Baco	calaureat	College / Institute for First (e) for the year 2019-2020 decker that the admission	n of
Of Two Year Fu	il Time Post-Graduate	Course in Pharm	nacy (M. Ph naid the f	ces mentioned	in this receipt.	. We also	deciare mat the dumester	
verification of	Caradate's Identity.The tamed in presence of	the Condidate.		Colectain Asia	14.	1	declare that the admission	
Candidate is co	,			NO NO WAY				
	of Poona District Rachanoth Sable	Education ASS	ociation	seth Govind	Sign	ature o	FRESTRUTE Officer (637	22
Seal	of Poona District Raghanuth Sable	College of Pha	armacy 🖟	Saswen, Rune	F) PI	JNE DIST	BICTEDUCATION ASSOCIATION SVIND RAGHUNATH SABI	Ē
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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



				19 - 2020			PARASILI	
Personal Details :		Applica	ation ID	: MPH19202913				
	TANDUDE	PRAJAKTA ROH	120.0					
		PRAJAKTA ROF	IDAS					
Nationality	Indian			Date of Birth	14-09-19	997		
Gender				Annual Family Income (₹)	10,00,00	1 -		
Category-Caste	OPEN						2	
Applied For EWS	No		(4)					
PH Type	N.A.						- Strawe	
Type of Candidature	Maharas	htra State Ca	ndidate	- Type A	•			
	English Medium No							
Gr	aduation	Institute						
	Graduatio	n Course						
Seat Acceptance Fee	is filled b	v online pavn	nent of I	Rs. 1000/-				
Paid Amount (₹		Payment Sta		Successful	Trans	action	a3299aab313fbb2acc85	
Institute Details :							3	
Institu	te Name	<b>6372 - Poona</b> <b>Sable College</b> Non-Minority)	District of Phar	Education Asso macy , Saswad,	ciation's Pune(Ur	Seth Go n-Aided -	ovind Raghunath Non-Autonomous -	
Tution	Fees (₹)	36222/-		Cours	e Name	6372821	10-Pharmacology	
Development	Fees (₹)	13778/-		Admissi	on Date	20-08-20	019	
Other	Fees (₹)	0/-		Admissi	on Type	Against	CAP	
Total	Fees (₹)	50000/-			Remark	Reported	d & Admitted	
Declaration by Candidate that so long as I am st authorities to take disciplave rights to expel, college/institute/university	udent of C linary action rusticate	ollege/ Institut n against me. I me from the	e, I will i I fully und institute	not behave in a r derstand that the , for any infrin	manner v Principal/	which may Director o	result in compelling the of the institute/college wil	

appur-e Date:20-08-2019 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 / Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Candidate's Identity The admittance has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in the Candidate.

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

tute officer (6372) ignature of

https://admission3cet2019.mahacet.org.in/cet2019/mpharm19/InstituteReport.php/Institut







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



		A					
Personal Details :		Applica	tion ID	: MPH19201590			
	1,,,,,,,,,						
	1	KAR POONAM R	AMACH	ANDRA			
Nationality	Indian			Date of Birth	11-07-1	996	
Gender	Female			Annual Family Income (₹)	50,001	- 1,00,000	
Category-Caste	OPEN						
Applied For EWS	No						
PH Type	N.A.			,			Poorum
lype of Candidature	Maharas	htra State Can	didate	- Type A			1
	English	Medium No					
G	raduation	Institute					
	Graduatio	n Course				i.e.	
Seat Acceptance Fee	is filled b	y online paym	ent of	Rs. 1000/-			
Paid Amount (₹	0/-	Payment Sta	tus	Successful	Trans Id	action	148a9fa735c32f744a97
Institute Details :							
Institu	te Name			Education Associated Associated Research			
Tution	Fees (₹)	10000/-		Course	e Name	63728211	.0-Pharmacology
Development				Admissio	on Date	20-08-20:	19
	Fees (₹)			Admissio	n Type	Institute L	evel Seat
C.I Total	Fees (₹)	10000/-					& Admitted
Declaration by Candidate that so long as I am st authorities to take discip have rights to expel, college/institute/universit	udent of Co linary action rusticate r	ollege/ Institute, n against me. I me from the	, I will i fully und institute	not behave in a m derstand that the f , for any infring	nanner w Principal/	mich may Director of	the institute/college will
Date:20-08-2019 Place:		PANE DISTRIC	OT FOUGA	PAL (I	MALAVAI	Sig DKAR POO	nature of Candidate
Declaration by the Colleger for First Year Of Two Year for the year 2019-2020 of	ge/Institute r Full Time on verificatio	TAL. PUTNS	clare th	EUSE ONLY  nat, we are admittir n Pharmacy (M. Ph  y.The candidate ha	ng this Carmacy /	andidate to Pharm. D he Fees m	o our College / Institute (Post Baccalaureate)) entioned in this receipt.

PURE OVIND RADAL TE

https://admission3cet2019.mahacet.org.in/cet2019/mpharm19/InstituteReport.plip1

We also declare that the admission of Candidate is confirmed in presence of the Candidate.

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

Signature of Institute Officer (6372)
PUNE DISTRICT EDUCATION ASSOCIATION'S

ontroller CULLEGE OF PHARMACY, SASWAD

TAL. PURANDHAR, DIST. PUNE-412 301





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



(6)

				year 20	19 - 2020			
			Ap	plication ID	: MPH19202740			
Personal Details	:							
Full	Name	MEMANE	PRANESH P	ANDURANG				
Natio	nality	Indian			Date of Birth	13-03-19	97	
Go	ender	Male .	ale A		Annual Family Income (₹)			
Category-	Caste	OPEN						
Applied For	EWS	No					A	la selve
PH	Type	N.A.						The state of the s
Type of Candid	ature	Maharas	htra State	e Candidate	- Type A			
		Englis	h Medium	No				
	Gr	aduation	Institute					
		Graduatio	on Course					
Seat Acceptance	e Fee	is filled b	y online p	payment of	Rs. 1000/-			
Paid Amount (₹ )	□ <b>100</b>	0/-	Paymen	it Status	Successful	Trans Id	action	f3dc4510f28a7b801c65
Institute Details	:							
I	nstitu	te Name		lege of Phai				<b>vind Raghunath</b> Non-Autonomous -
т	ution	Fees (₹)	48222/-		Cours	se Name	63728211	.0-Pharmacology
Develop	nent l	Fees (₹)	13778/-		Admiss	ion Date	20-08-20	19
	Other	Fees (₹)	0/-		Admissi	on Type	Against C	AP
( <sup>1</sup> .tu <sub>)</sub>	Total	Fees (₹)	62000/-			Remark	Reported	& Admitted
Declaration by Can	didate	: I hereby	agree to c	onform to rul	es, acts and laws	enforced b	y Governn	nent. I hereby undertak

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 wi have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by th college/institute/university/Government and the undertaking given above

Date:20-08-2019

Place:

PUNE DISTOIT WITH SABLE

Signature of Candidate (MEMANE PRANESH PANDURANG)

SETHC 

COLLEGE SWAD

TAL FINSTITUTE USE ONLY 301.

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 receip We also declare that the admission of Candidate is confirmed in the candidate. ONNO RAGNUN

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

Signature of Institute Officer (6372

PUNE DISTRICT EBUCATION ASSOCIATION'S

Consormacion de la Consormación COLLEGE OF PHARMACY, SASWAD TAL. PURANDHAR, DIST. PUNE-412 301

https://admission3cet2019.mahacet.org.in/cet2019/mpharm19/InstituteReport.





### 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** 

Full Name BHONGALE SURAJ VIKAS

Nationality Indian

Gender Male

Date of Birth 24-02-1998

Annual Family 7,00,001 -Income (₹) 8,00,000

Category-Caste OBC -Mali

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

Maharashtra State Candidate - Type A Candidature

**Allotment Details** 

All India Merit Number 910

Allotted Choice Code 637282210

Allotted Seat Type GOPEN

Preference No. 1

**Reporting Details** 

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

637282210-

Tution Fees (₹) 46222/-Course Pharmacutical

Chemistry

₹)

**Development Fees** 

Admission Date 22-07-2019

Other Fees (₹) 0/-

Admission Type CAP Round

Total Fees (₹) 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

Signature of The Candidate BHONGALE SURAJ VIKAS)

Soywad 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

SETH GOVIND RAGHUMATH SABLE COLLEGE OF PHARMACY, SASWAD TAL. PURANUHAR, DIST. PUNE - 412301

7/22/2019, 1:12 PM

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M - Pharmacy 2019 - 2020







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



				15 - 2020			
		Applica	tion ID	: MPH19201590			
Personal Details :							
Full Name	MALAVAD	KAR POONAM R	AMACH.	ANDRA			
Nationality	Indian			Date of Birth	11-07-1	996	
Gender	Female	.*		Annual Family Income (₹)	50,001	- 1,00,000	
Category-Caste	OPEN	r					
Applied For EWS	No				Ø		
PH Type	N.A.						Podan
type of Candidature	Maharas	htra State Can	didate	- Type A			
English Medium No							
g Gr	aduation	Institute			8		1
	Graduatio	n Course					15
Seat Acceptance Fee i	s filled b	y online paymo	ent of I	Rs. 1000/-			<u></u>
Paid Amount (₹ )	)/-	Payment Stat	us	Successful	Trans	action	148a9fa735c32f744a97
Institute Details :				-			
Institut	e Name S	5372 - Poona D Sable College o Non-Minority)	istrict of Phar	Education Associately, Saswad,	ciation's Pune(Ur	s Seth Go n-Aided - I	ovind Raghunath Non-Autonomous -
Tution F	ees (₹) 1	.0000/-		Course	Name	6372821	10-Pharmacology
Development F	ees (₹)	)/-		Admissio	n Date	20-08-20	)19
Other F	ees (₹) 0	/-		Admissio	n Type	Institute	Level Seat
Total F	ees (₹) 1	0000/-		F	Remark	Reported	& Admitted
eclaration by Candidate: lat so long as I am stud	dent of Co	llege/ Institute,	I will r	not behave in a m	nanner w	hich 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.

(Account Signature of Candidate

PUME DISTRICT EDUCATION ASSOCIATION'S Place: SETH GIVING SACTURATE SABLE (MALAVADKAR POONAM RAMACHANDRA)

COLLEGERATION TAL PURINSTITUTE USE ONLY 01.

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 Goving Raghunath Sable College of Pharmacy , Saswad, Pune

Signature of Institute Officer (6372) PUNE DISTRICT EDUCATION ASSOCIATION'S

TAL, PURANDHAR, DIST, PUNE-412 301

https://admission3cet2019.mahacet.org.in/cet2019/mpharm19/InstituteReport.php/InstituteLevelAdmissionScontroller/admiRecept2id=MicAMNACY, SASWAD





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

Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the



lar.	Sanda A Hill	Admi In Ph	ssion to Fir armacy (M.	st Year Of Pharmacy v	Two Year / Pharm. ear 2019	D. (Post Bacca - 2020	alaur	eate)) for the			
				Annlies	tion ID : f	MPH19202740					1
				Арриса	ition 22					- CORRECT	
Per	sonal Details	5:		NECH PAND	URANG		1.20	3-1997		0	
			MEMANE PRA	INESH PAND		Date of Birth	13-0.	.001 -			
	Natio	nality	Indian		1	Date of Birth Annual Family Income (₹)	10,0	0,000			
	,	Gender	Male .			Income	İ			Jacoble-	
-	Category	-Caste	OPEN	,t						A Comment	
1-	Applied F	or EWS	No						<u></u>		
-	дррпец	H Type	N.A.		didate :	туре А				3.	
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-	туре от сан		Llight		)						
100	*		Graduation 1	[nstitute]_					<del></del>	7h801	c65
-	Seat Accepta		Graduatio	n Course	ment of	Rs. 1000/-	—Ţ:	Transaction	f3dc45	10f28a7b801	{
1		nce Fe	e is filled b	y online pa	ymen	Successful		Id			
1	Paid Amount	t (₹   n 1	000/-	Payment	Status	t Education As		- Coth G	ovind F	taghunath	
1	)					t Education As	socia	ation's Seth	- Non-Au	tonome	_
	Institute De	tails:		6372 - Poo	na Distric	rmacy , Saswa	ad, P	Name 637282	110-Pha	rmacology	
	2.1.0	Inct	itute Name	Sable Colle Non-Minority	()	Co	urse	Name 637282	2019		
-	1_			NOTT		· ·	issiol	n Date 20-00	+ CAP		—
	<b>9</b>	Tuti	on Fees (₹)	13778/-			icciot	Type 1.5		mitted	lartake
	Dev	elopme	nt Fees (1)	0/-			R	emark	rnment.	I hereby und	ng the
		Ot	her Fees (\$)	62000/-		ules, acts and la	aws er	nforced by	r of the	institute/colle	by the
	77	To	tal Fees (1)	y agree to co	onform to i	ules, acts and la Il not behave in understand that ute, for any ng given aboye.	the F	principal/Director	rules	prescribes	
	Declaration b	as I ar	n student of	college/ The	ne. I fully the institu	ute, for any	inffilig	CITT		Tropped	-,
	that so long	take d	isciplinary designate	me from	undertakir	ng given de			Signa	ture of Cano	ANG)
	have rights	to chi	ersity/Governi	1101	4	onte, for any and any any and any		(MEMA	NE PRAN	ture of Can IESH PANDUR	
	0.00	2019				PRINCIPAL					(()) (111)
	Date:20-00				PUNE DISTE	TUTE USE ONL re that, we are se In Pharmacy lentity. The cand rmed in present	TH BA	BLE   IIIII			
					COLL	1-4	V5	VAD	date to (	our College /	Institut ureate)
	place .				MINST T	re that, we are se In Pharmacy lentity. The cand	admit	ting this Candi	rm D.	(Past Baccalo	s receip
			/Instil	ute : We ho	reby declar	se In Pharmac)	/ (М. lidate	has paid the	ees	ful)	
	Declaration	by the	o Year Full Ti	me Post-Gra Pation of Car	didate's Id	rmed in present	ce of t	the Candidas	AL	2551001	(6372
	the vea	r 2019-2	dmissi	on of Carro		4000	44.5		ofilities	TION!	6
	We also de	clare una	- 0-		esociation	se In Pharmacy lentity. The cand rmed in Present rmed in Present rmed in Present seth Govin Saswad, Pur hiprinstitute evel Ad Telegraphic	id F	SIGNE DISTRIC	VERTICATE	THASSOCIATION	E
	Coal	of Pool	na District E	ducation A follege of P	harmacy	Saswau	mission	SCONFOITE / Admit Re	F PHAR	JESNWE SAUL MACY, SASWA ST. PUNE-4123	101
	Seat	Raghu	nath Sable C	2019/mpharm19/	InstituteReport	php/institute.com	18 / P	TAL PURANT	HAR, DIS	MACY, SASTING ST. PUNE-4123	
Colorado	https://admissi	on3cet2019	mahacei.org.iivee	- 2		CON ON PHARME	3/	<b></b>			

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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 Date of Birth 14-09-1997 Nationality Indian Annual Family 10,00,001 -Income (₹) 15,00,000 Gender Female Category-Caste OPEN b 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/a3299aab313fbb2acc85 Transaction Successful **Payment Status** Paid Amount (₹ 1000/-6372 - Poona District Education Association's Seth Govind Raghunath **Institute Details:** Sable College of Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous -Institute Name Course Name 637282110-Pharmacology Non-Minority) Tution Fees (₹) 36222/-Admission Date 20-08-2019 Development Fees (₹) | 13778/-Admission Type Against CAP Other Fees (₹) 0/-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. college/institute/university/Government and the undertaking given above Signature of Candidate Date:20-08-2019

Place:

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, SASWAD

INSTITUTE USE ONLY 12301.

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 Goving Raghunath Sable College of Pharmacy , Saswad, Pune

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S

TAL, PURANDHAR, DIST, PUNE-412 301

https://admission3cet2019.mahacet.org.in/cet2019/mpharm19/InstituteReport.php/Institut





## 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: MPH19201127

Personal Details

Full Name BHONGALE SURAJ VIKAS

Nationality Indian

Gender Male

Date of Birth 24-02-1998

Annual Family 7,00,001 -Income (₹) 8,00,000

Category-Caste OBC -Mali

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

Type of Maharashtra State Candidate - Type A

Candidature

Allotment Details

All India Merit Number 910

Allotted Choice Code 637282210

Allotted Seat Type GOPEN

Preference No. 1

Reporting Details

Poona District Education Association's Seth Govind Raghunath Sable

Institute College of Pharmacy , Saswad, Pune

637282210-Course Pharmacutical

Chemistry

Tution Fees (₹) 46222/-

Admission Date 22-07-2019

Development Fees ( 13778/-₹)

Admission Type CAP Round

Other Fees (₹) 0/-

Total Fees (₹) 60000/-

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 Government. I nereby undertake that so long as I am student or 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. understand that the Principal Director of the institute/college will have rights to exper, 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

Signature of The Candidate BHONGALE SURAJ VIKAS)

Place:

Soywad

..... 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 @

PUNE DISTRICT EDUCATION ASS SETH GOVIND RAGHUNATH SAL COLLEGE OF PHARMACY, SASYM TAL. PURAMOHAR, DIST, PURE - 412301. 7/22/2019, 1:12







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



COLLEGE OF PHARMACY, SASWAD

TAL. PURANDHAR, DIST. PUNE-412 301 8/20/2019, 3:34 PM

### Application ID: MPH19203110 ersonal Details: Full Name KAUSLYA ARUMUGAM Date of Birth 27-07-1997 Nationality Indian 50,001 - 1,00,000 **Annual Family** Income (₹) Gender Female Category-Caste OPEN Applied For EWS No PH Type II.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/e54112972d4e10bfcb90 Transaction Successful Payment Status Paid Amount ( 6372 - Poona District Education Association's Seth Govind Raghunath Sable Institute Name College of Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Institute Details: Course Name 637281710-Pharmaceutics Minority) Admission Date 20-08-2019 Tution Fees (₹) 51222/-Admission Type Institute Level Seat Development Fees (₹) 13776/-Remark Reported & Admitted Declaration by Candidate: Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so becaration by Canadate: I nereby agree to conform to rules, acts and laws enforced by Government. I nereby undertake that so long as I am student of Colege/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary and as I am student of Colege/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary against me. I fully undertaked that the Proprinal/Director of the institute/college will have rights to expect such as the proprinal of the proprinal of the institute of the inst long as I am student of Celege/ Institute, : was not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Precipal/Director of the institute/college will have rights to expel, rusticate me from the institute for any attionoment of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules reserved by the college/institute/university/Covernment and the understand of the rules rules are rules and the understand of the rules rules are rules and the understand of the rules rules are rules and the understand of the rules rules are rules and the rules are rules are rules and the rules are rules ar action against me. Lituily understand that the principal director of the institute/college will have rights to expel, rusticate me from institute, for any intringement of the rules prescribed by the college/institute/university/Government and the undertaking given above. Signature of Candidate (KAUSLYA ARUMUGAM) Date:20-08-2019 PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH BABLE Declaration by the Conege/Institute: We hereby declare that, we are admitting this Candidate to our Conege/Institute in First real Of Two Year Full Jame Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019-2020 on Of Two Year Full Jame Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019-2020 on the year Full Jame Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019-2020 on the year Full Jame Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019-2020 on t Of Two Year Full Time Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019-2020 on verification of Charlete's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Charlete's Identity. The candidate has paid the Fees mentioned in this receipt. Candidate is consequent in presence of the Candidate. Signature of Institute Officer (6372) Seal of Poona District Education Association's Seth Govind Raymonath Sable College of Pharmacy Saswad, Pune SETH GOVIND RAGHUNATH SABLE

Signature of Institute Officer (6372)

COLLEGE OF PHARMACY, SASWAD TAL. PURANDHAR, DIST. PUNE-412/20/2019, 3:31 PM

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH SABLE





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



		Applic	ation ID	: MPH19204278				1
ersonal Details :							1	1
Full Name	PAWAR TR	RIVENI PRADIP	)					
Nationality	Indian			Date of Birth				
	Female			Annual Family Income (₹)	8,00,001 9,00,000	-		
Category-Caste	OPEN					)		
Applied For EWS							Paris	
PH Type	N.A.							
Type of Candidature	Maharas	htra State Ca	andidate -	Туре А				
	Englis	in Medium No	0					1
	Graduation	Institute						
	Graduati	on Course						_
Seat Acceptance Fee	is filled by	online paym	ent of Rs	1000/-	Transa	action	f6e4fb06e3d369498563	3
Paid Amount (₹   ₹ 10		Payment S	Status	Successful	Id		1004100000	=
)							ind Raghunath Sable	
Institute Details :	ute Name	6372 - Poon College of Pl Minority)	a District harmacy ,				vind Raghunath Sable conomous - Non- 710-Pharmaceutics	
Tutio	n Fees (₹)			Cours	se Name	20-08-2	019	
Developmen	Fees ( )	13778/-	ÿ.	Admiss	ion Date	Institute	e Level Seat	
	/ <del>ブ</del> \	0.7						
Total	J Foos (3)	25000/-	m to rules		and by GO	vernment	. I hereby undertake that	so
Declaration by Candidate long as I am student of Co action against me. I fully unstitute, for any infringement	: I hereby llege/ Institut inderstand tr int of the rule	agree to combine ie, I will not beha ant the Principal/ es prescribed by I	Director of the college/i	nner which may resu the institute/college nstitute/university/G	will have Sovernmen	t and the	(Por)	
Date:20-08-2019		P	) chare				Signature of Candidat AWAR TRIVENI PRADIP)	е
Place:		SETH GOVIND	DACHIN	ATLA BARN C			<u>                                     </u>	
Declaration by the Colleg Of Two Year Full Time Post- verification of Candidate's Candidate is confirmed in pr	Ideality The	candidate has pa		e are admitting this nacy / Pharm. D. (Pamentioned in this	Candidate Post Baccal receipt. V	to our Co aureate) Ve also d	ollege / Institute for First Ye for the year 2019-2020 eclare that the admission	ear on of

EGE OF PHAFOU

Candidate is confirmed in presence of the Candidate.

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

(3)

State Common Entrance Test Cell, Maharashtra State,

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

8 6

Gender Female

pate 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 Maharashtra State Candidate - Type A

Candidature

All India Merit Number 1046 Allotment Details

Allotted Choice Code 637281710

Allotted Seat Type GNTB

Reporting Details

poona District Education Association's Seth Govind Raghunath Sable

Institute College of Pharmacy , Saswad, Pune

Course Pharmaceutics

Tution Fees (₹) 62000/-

Admission Date 13-08-2019

Development Fees (0/-

Admission Type CAP Round

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 Government. I hereby undertake that so long as I am student of take disciplinary action against me. I fully manner which may result in compelling the authorities to take disciplinary action. Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a fully action against me. I fully manner which may result in compelling the authorities to take disciplinary action against me. I fully manner which may result in compelling the institute/college will have rights to expel. rusticate me from understand that the Principal/Director of the institute/college 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 understand that the principal/Director of the rules prescribed by the college/institute/university/Government of the rules prescribed by the college/institute. 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.

and the undertaking given above.

Date:13-08-2019

Signature of The Candidate (BHOSALE AISHWARYA RAJENDRA)

place: Saswud

INSTITUTE USE ONLY

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

to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy 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 to our College / Institute for First Year Of Two Year Full Time Post-Graduate 2019 - 2020 on verification of the Pharmacy / Pharm. D. (Post Raccalaureate) ) for the year 2019 - 2020 on verification of to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy of the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on Verification of (M. Pharmacy / Ph (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on vertication of the year 2019 - 2020 on year

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, BASWAD TAL PURANDHAR, DIST PUR 4. 412301

8/13/2019, 1:27 Pt

(4)

State Common Entrance Test Cell, Maharashtra State,

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

Gender Female

Full Name BHOSALE AISHWARYA RAJENDRA

Nationality Indian

Annual Family 3,00,001 -

pate of Birth 12-04-1997

Income (₹) 3,50,000

Category-Caste OPEN Religious

Minority/Linguistic N.A Minority

PWD Type N.A.

Type of Maharashtra State Candidate - Type A

Candidature

Allotment Details

All India Merit Number 1046 Allotted Choice Code 637281710

Allotted Seat Type GNTB

Reporting Details

Poona District Education Association's Seth Govind Raghunath Sable

Institute College of Pharmacy, Saswad, Pune

Course Pharmaceutics

Tution Fees (₹) 62000/-

Admission Date 13-08-2019

Development Fees (0/-

Admission Type CAP Round

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 **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 Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a government. I hereby undertake that so long as I am student of College/ Institute, I will not be a government. I hereby undertake that so long as I am student of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I will not be a government of College/ Institute, I Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a uthorities to take disciplinary action against me. I fully authorities to take disciplinary action against me. I fully manner which may result in compelling the authorities will have rights to expel, rusticate me from understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from understand that the Principal/Director of the rules prescribed by the college/institute/university/Government of the rules prescribed by the rules prescribed by the rules prescribed by the rule 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.

and the undertaking given above.

Date:13-08-2019

Signature of The Candidate (BHOSALE AISHWARYA RAJENDRA)

place: Saswad

INSTITUTE USE ONLY

INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate

Time Post-Graduate Course in pharmacy

Time Post-Graduate Course in pharmacy

Time Post-Graduate Course in pharmacy 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 On the Vear 2019 - 2020 on verification of the Pharmacy / Phar

to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course in Priarmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019 - 2020 on Verification of (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 (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of the year 2019 - 2020 on verificati

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH 3.ABLE COLLEGE OF PHARMACY, BASWAD TAL PHE ANDHAR, DIST. PUR 4. 412301.

8/13/2019, 1:27 Pt

1 of 2





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

pate of Birth 15-03-1998

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

Category-Caste OBC -Mali

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A.

Type of

Maharashtra State Candidate - Type A Candidature

**Allotment Details** 

All India Merit Number 573

Allotted Choice Code 637281710

Allotted Seat Type GOPEN

Preference No. 1

Reporting Details

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

Tution Fees (₹) 48222/-

637281710-**Pharmaceutics** 

**Development Fees (** 

Admission Date 22-07-2019

Other Fees (₹) 0/-

Admission Type CAP Round

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:22-07-2019

Place: Saswad

Signature of The Candidate

(BORAWAKE PAYAL DNYANESHWAR)

INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Variable College Institute Insti 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

PUNE DISTRICT EDUCATION ASSC CONTION'S SETH GOVIND SAGHUNATH BABLE COLLEGE OF PHARMAGY SASWAD TAL PHOL WOMER, DIST PUT 4. 412301.

7/22/2019, 12:43 PM





## 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

DATE OF ADMISSION: 18/06/2018

CATEGORY

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.

: GENERAL

# DOCUMENTS PRODUCED AND VERIFIED

E - HALL TICKET

PHOTOGRAPHS

FEES

original not collect DOCUMENTS NOT VERIFIED

MARKS CARD/S

DEGREE CERTIFICATE

CONDUCT CERTIFICATE

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 th 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.

Pakin

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 ACTIVE 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 UDUP! COURT KANDALAY ATE ONLY.

PUNE DISTRICT ELUCATES SETH GOVIND RAGHUNAT COLLEGE OF PHANMACY, 3 151 TAL. PURAMDHAR, DIST. PUN-: 412981

manipalledu, Madhav N.--



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

Bth 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

सन्यमव तयन				The second secon
pplication ID : MPH181017	47		Sponsorsh	nip Status : Non Sponsored
ersonal Details :				
Full Name	THOMBARE RUTUJA ULHAS			
Nationality	Indian	Date of Birth	21-06-1996	Als.
Gender	Female -	Annual Family Income (₹)	5,00,001 - 5,50,000	THE Y AMERICAN
Category-Caste	OPEN			
PH Type	NA			As Sell
Type of Candidature	Maharashtra State Candida	te - Type Maharashtra State Ca	ndidate - Type ∧	( Table ) so we

		<b>B-Pharmacy Details</b>		
B.Pharmacy Status	Passed	B. Pharmacy University	Savitrit	oai Phule Pune University
bir natinacy bioles		Qualification Details:		
Examination		Marks Obtained	Out of	Percentage
B.Pharmacy Final Year/Se	mester	3006	4800	62.62
	ineste.	337	650	51.85
12th/H.S.C. Aggregate		432	550	78.55
10th/S.S.C. Aggregate				

titute Details :			
Institute Name	6372 - Poona District Educat Pharmacy , Saswad, Pune(U	tion Association's Seth Govind n-Aided - Non-Autonomous - Non-	Raghunath Sable College of Minority)
Tution Fees (₹)		Course Name	637282210-Pharmacutical Chemistry
Development Fees (₹)		Admission Date	29-08-2018
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Other rees (\)	1200001	Remark	Reported & Admitted
Total Fees (₹	20000/-	the Comment I haraby und	ertake that so long as I am student of College

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/

Declaration by Candidate

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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/

I hereby agree to conform to rules agree to conform to rules agree to conform

Date: 29-08-2018

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. 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

orted 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 Institute Officer (6372)

Signature of The Candidate

RUTUJA ULHAS)

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGH Printed By: 6372 COLLEGE OF PHALast Modified By: 6372 1 mm 1 7 m 1 = 412 301

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DLLEGE O TAL PURAMDHAR, DIST. PUNE - 412904.



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

Sponsorship Status: Non Sponsored

plication ID : MPH18101765 ersonal Details :

Full Name ZAGADE PRATIK RAJENDRA

THE PROPERTY OF THE PARTY OF TH

Nationality Indian Date of Birth 01-02-1996 Annual Family Income (₹) 5,50,001 - 6,00,000 Gender Male

Category-Caste OBC - Mali

PH Type N.A.

Type of Candidature Maharashtra State Candidate - Type Maharashtra State Candidate - Type A

		B-Pharmacy Details	Savitrib	ai Phule Pune University
B.Pharmacy Status	Passed	B. Pharmacy University	30110	
		Qualification Details:	Out of	Percentage
Examination		Marks Obtained	4800	60.56
B.Pharmacy Final Year/S	emester	2907	600	47.67
12th/H.S.C. Aggregate		286	500	75.4
10th/S.S.C. Aggregate		377		

Thin, charlet rigging date					
titute Details :			Association's Seth Govind	Raghunath Sable College C	"
Institut	te Name 637	72 - Poona District Educat	ion Association's Seth Govind n-Aided - Non-Autonomous - Non- Course Name	Minority)	nemistry
21131110	Pha	armacy , Saswau, Tallo	Course Name	637282210-Filarmoccus	
	Fees (₹) 200		Admission Date	29-08-2018	
Development	Fees (₹ ) 0/-		Admission Type		
	Fees (₹) 0/-		Remark	Reported & Admitted ertake that so long as I am stud	lent of College
	- /71/200	000/-	. Thereby UDC	ertake that so long at	etand that the

**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

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 n this receipt.

Viv 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

ported On:29-08-2018 02:56:21 PM rinted On: 29-08-2018 02:58:47 PM Last Modified On :29-08-2018 02:56:21 PM Signature of Institute Officer (6372)

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GADE PRATIK RAJENDRA)

PURSE DISTRICT EDUCATION ASS SETH GOVIND RAGHUNATH SABLE GOLLEGE OF PHARMACY, BASWAD TAL PURAMOHAR, DIST. PUR



State Common Entrance Test Cell, Maharashtra State, Mumbal
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 Physics 2010

सत्यमेव जयते			ourse in Phari	nacy (M. Pharm.) for		THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	- Sponsored
pplication I	D: MPH18101	641			Mode of	Admission : No	on sponsored
			Personal	Detalls			
		RAUT KIRTI SUNIL -			r-male		and the same of th
	Nationality	Indian		Gender		5 50 000	-
	Date of Birth	16-11-1996	A	nnual Family Income (₹)	5,00,001	- 5,50,000	
C:	ategory-Caste	OBC -Mali					
Minor	Religious rity/Linguistic Minority	N.A					\$ start
	PWD Type						
Туре	of Candidature	Maharashtra State (	Candidate - Type	: A			
)			Allotmer		¥		
,		All India	<b>Merit Number</b>				
		_	Reportin	g Details	Panhuna	th Sable Colle	ge of
		Poona District E	ducation Asso	g Details ciation's Seth Govind	Raynana		
	Institut	Pharmacy , Sas	wad, Pune		Course	637282210-Pha Chemistry	armacuticai
	Tution Fees (	₹) 30000/-					1 h.
				Admiss	ion Date	16-08-2018	10
Deve	lőpment Fees (			Admiss	ion Type	CAP Round 1	•
	Other Fees (						
	Total Fees (	l Admil	tted	is enforced by Government. the authorities to take disci	I haraby III	ndertake that so lo	ng as I am student
-	Rema	rk Reported & Admi	rules, acts and law	the authorities to take disci me from the institute, fo	plinary action	on against me. I full	lly understand that lles prescribed by
Declaration by	<b>/ Candidate</b> : I ner te I will not behave	in a manner which may	result in compelling to expel, rusticate	me from the institute, fo	r any intrin	igeniene of an	
Principal/Directo	or of the institute/o	college will have rights nent and the undertaking	given above.	1		ch S-k	CUL
college/institute	y University/ Co. C.						of The Candida AUT KIRTI SUNIL
Date: 16-08	-2018		·				
lace :							
			INSTITUT	E USE ONLY re admitting this Candida year 2018 - 2019 on verif ion of Candidate is confire	te to our C	College / Institute	e for First Year Of
	/Tr	stitute : We hereby	leclare that, we a	re admitting this Candida year 2018 - 2019 on verification of Candidate is confirm	ication of (	Candidatè's Iden	didate.
Declaration b	Post-Graduate Co	urse In Pharmacy (M.	Pharm.) for the y	re admitting this converified to the confirmation of Candidate is confirmation.	med in pre		/
paid the reco	1110.11		6 4/00-	12			
			- Coth Govind	l'en ) or	0.9.10	PEDUCATION AS	SOGIATION
Seal of Poo	na District Edu	cation Association of Pharmacy , Sasv	vad, Pune	211	AL COAL	NU HAGHUM	Reported By:
i Raghunaui	Jabic Com		1518		HLEGE	OF PHADMAL	Niprinted By:
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Last Modifi	<b>ed On :</b> 16-08-20	)18 04:13:34 PM	No. of the state o	The state of the s	3)	house	
				рия SE	E DISTRICT	RINCIPAL EDUCATION ASSI ID RAGHUNAT E PHARMACY.	

COLLEGE OF PHARMACY, & SWAD

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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. Pharm.) for the year 2018 - 2019

पत्यमव जयन		P	ost-Graduate Course In	Pharn	nacy (M. Pharm.) for	the year 2	018 - 2019	
plication	ID: MPH18102	267				Mode of	Admission : N	Ion Sponsored
			Per	sonal	Details		-	
	Full Name	MUI	NDE VIJAY PREMCHAND	301141	Details			
	Nationality				Gender	Male		
	Date of Birth			A	nnual Family Income (₹)	50,001 -	1,00,000	38
(	Category-Caste	NT	3 (NT-D) -Vanjari					
	Religious ority/Linguistic Minority							N. P. marrie
	PWD Type							
Туре	of Candidature	Ma	harashtra State Candidate	- Type	Α			-
			Alle	otmen	t Details	à.		
	*		All India Merit Nu	mber	522	,		
			Allotted Choice	Code	637281710			
			Allotted Seat	Type	GOPEN			
			Preference	e No.	4			1
			Re Poona District Education	portin	g Details	Raghuna	th Sable Coll	ege of
			Poona District Education	Asso	ciation's Seth Govilla	Nag.		harmaceutics
	Instit	ute	Pharmacy , Saswad, Pur	ie	1	Course		lattilaccuta
	Tution Fees	(₹)			Admiss	ion Date	18-08-2018	
	velopment Fees	(₹)	10000/-		Admiss	ion Type	CAP Round 1	,
	Other Fees	(₹)	0/-					
- 1		_	1				11-1-52	iong as I am student of
Declaration College/ Inst	Rem  by Candidate : I h  titute, I will not beha	ark ereb ve in e/coll	Reported & Admitted  y agree to conform to rules, acts a manner which may result in co- lege will have rights to expel, and the undertaking given abov	and lav mpelling rusticate	vs enforced by Government.  the authorities to take discience me from the institute, for	I hereby un iplinary action or any infrin	n against me. I f	ully understand that the ules prescribed by the
Date: 18	tute/university/Gover	nmer	lege will have rights to experi nt and the undertaking given abov					of The Candidate DAY PREMCHAND)
	Sasurad		INS titute: We hereby declare the rse In Pharmacy (M. Pharm.) f	TITUT	E USE ONLY	ate to our C	college / Institu	te for First Year Of Tw htity.The candidate ha
Declaration	on by the College, ime Post-Graduate	/Ins Coul	INS titute: We hereby declare the rse In Pharmacy (M. Pharm.) for ceipt. We also declare that the	for the	year 2018 - 2019 on veni sion of Candidate is confin	med in pres	sence of the Ca	ute Officer (6372)
paid the r			istion's Seth	Govin	64	Signa	CINTRIA	IPAL
Daghiin	Alli Jubic	_		1	STE DU ST	101.L	EGE OF PRA	Reported By:637
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# State Common Entrance Test Cell, Maharashtra State, Mumbal 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

जयते					rnarma	orting for Admission ( cy (M. Pharm.) for th		dmission : N	on Spons	ored
tion ID	: MPH181018	300					dode of A	dmission		
				Pe	rsonal D	etails		Ī		1
	Full Name	PETKA	R POOJA AI	TNAV					STATE AND ADDRESS OF THE PARTY	
	Nationality	Indiar				Gender F	emale		21.5	
	Date of Birth	13-01	-1996		Anı	nual Family Income (₹)	1,50,001 -	2,00,000	A	<b>b</b>
Ca	tegory-Caste	OBC	-Shimpi							ale Mi
Minor	Religious ity/Linguistic Minority	N.A							Pal	
	PWD Type									
Туре	of Candidature	Mah	arashtra St	ate Candidat	te - Type	Α				
				A	llotmen	Details	,			
			All I	ndia Merit I	Number	2605	,			
			Δ1. Δ1	lotted Choi	ce Code	637282210				
			A	Allotted Se	at Type	GOBC				-
					nce No.	4				1 .
				Ficion	Penortin	g Details ciation's Seth Govind	n - shuna	th Sable Col	lege of	10
					ion Asso	ciation's Seth Govind	Ragilulia			ical
	Inst	itute	Poona Dist	, Saswad, F	une		Course	637282210-	harmacuc	
			Pllatinacy	1000			COL	Chemistry		
	Tution Fee	es (₹)	30000/-			Admiss	sion Date	16-08-2018		3
						Admiss	sion Type	CAP Round		
De	velopment Fe	es (\)	10/-							
E.	Other Fe	_	1 /					to take that S	long as I a	m studer
	Total Fe	es (\)	I Reported 8	Admitted	4.15	us enforced by Government	. I hereby u	on against me.	fully unders	ribed by
	R	l heret	ov agree to con	nform to rules,	acts and io in compellin	ws enforced by Government g the authorities to take dis e me from the institute, f	or any infri	ngement of the		
Declaratio	on by Candidate . estitute, I will not b	ehave in	a manner wh	e rights to exp	pel, rustical above.	e me me		P	afa	c-ndid
ipal/D	nstitute, I will not b birector of the inst stitute/university/Go	vernme	nt and the und	lertaking given				Signatu	eof The KAR POOJ	A ANAN
C 63-7	6-08-2018					_		(PE		
1				•				1		
Place	,					USE ONLY		College / Insti	tute for Fire	st Year O
Place					INSTITU	are admitting this Candia e year 2018 - 2019 on ve ission of Candidate is conf	date to our rification of	Candidate's I	entity.The	candidat
		ege/Ir	stitute : We	hereby declar	m.) for the	are admitting this Candia e year 2018 - 2019 on ve ission of Candidate is conf	irmed in pr	esence of the		_
Declar	ation by the Coll III Time Post-Grad	Jate Co	urse In Pharn	so declare tha	at the adm	SSION OF CONTRACT		ature of Ins	titutê Off	icer (6
paid th	e Fees mentioned	in this	receiper			TO MD HAGMUNATA	Cian	ature of the	7	MORAN
					ייטט ווזק:	na o	3118/00	COVINDRA	GHREDOT	red by
Seal Ragh	of Poona Distr nunath Sable C	ollege	of Pharma	cy , Saswad	i, Pulle	2 23	- COLL	GOVIND RA EGE OF PHI PIIRAMMHAR.	DIST. Prin	ted By:
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# State Common Entrance Test Cell, Maharashtra State, Mumbai 8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-40001.(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

Post-Graduate Course In Pharmacy (Fit Tharmacy	on : Non Sponsored
Post-Graduate Course In Pharmacy (मार मार्कार) क्व ज्यते Mode of Admissio	
ication ID : MPH18102712 Personal Details	
5411AV	
Full Name MALSHIKARE SWAPNALI SANJAY Gender Female	70
Nationality Indian  Annual Family Income (3) 50,001 - 1,00,000	
Date of Birth 26-02-1997 Annual Failing 21.0 (₹)	
Category-Caste NT 2 (NT-C) -Shegar	A STATE OF THE STA
Poliginus	350
Minority/Linguistic N.A Minority	
PWD Type N.A.	
Type of Candidature   Maharashtra State Candidate - Type A  Allotment Details	
All Control of the Co	
All India Merit Number 1745  Allotted Choice Code 637281710	
Allotted Choice Cods  Allotted Seat Type GSC	
Allotted Seat Type  Preference No. 1	
Reporting Details  Reporting Details  Reporting Details  Reporting Details  Course 6372817	College of
Reporting 2	a pharmaceutics
Institute Poona District Education Association Association Pharmacy , Saswad, Pune Course 6372817	710-Pharmaceutics
Potel 16-00-2	0.2.
Tution Fees (1) 0/	and 3
Davelonment Fees (17)	
Other Fees (₹) 0/-	long as I am student of
Total Fees (₹) 10174/-	me. I fully understand that the
Remark Reported & Admitted	f the rules press
Other Fees (₹) 0/-  Total Fees (₹) 10174/-  Remark Reported & Admitted  Remark Reported & Admitted  Occlaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake the authorities to take disciplinary action against recomplete in the competing of the institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against recomplete in a manner which may result in compelling the authorities to take disciplinary action against recomplete in the compelling the authorities to take disciplinary action against recomplete in the compelling the authorities to take disciplinary action against recomplete in the compelling the authorities to take disciplinary action against recomplete in the compelling the authorities to ta	(SSI) II data
College/ Institute, I will not behave in a manner of the institute/college will have rights to exper, College/ Institute of the institute/college will have rights to exper, College/Institute/college will have rights to exper, College/Institute/	ature of The Candidate
	ARE SWAPNALI SANJAY)
e:16-08-2018	
	of Two
Place :	Institute for First Year Of Two
Place:  INSTITUTE USE ONLY  INSTITUTE USE ONLY  INSTITUTE USE ONLY  Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / I  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate  Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2019 on verification of Candidate  Year Full Time Post-Graduate Co	he Candidate
Declaration by the College/Institute: We have (M. Pharm.) for the year 2000	The state of the s
early the Fees mentioned in this receipt a	Institute
sion's Seth Goving	
Seal of Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune  Pune DISTRICT Raghunath Sable College of Pharmacy , Saswad, Pune	ICT EDI Reported Bŷ:6372
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## State Common Entrance Test Cell, Maharashti Recei

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	Rth Floor, Now Excelsion Bulleting Bulleting Bulleting
A minute	8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)
pt*cum*	Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two
	Level Seat for 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
	out so the marmacy (Fi. Pharm.) for the year 2018 - 2019

10 : MPH1810194	2	Sponsorship Status : Non Sponso				
etalls :			The second second second second second	and the same of th		
Full Name	DURGUDE MANDAR SANJAY			TOTAL M		
Nationality	Indian	Date of Birth	06-09-1995	10 m		
Gender	Male *	Annual Family Income (₹)	7,00,001 - 8,00,000			
Category-Caste	OPEN '					
PH Type	N.A.	Ker by				
vpe of Candidature	Maharashtra State Candidat	e - Type Maharashtra State C	andidate - Type A			

		<b>B-Pharmacy Details</b>			
pharmacy Status	Passed	B. Pharmacy University	Savitribal Phule Pune University		
harmacy otatas		Qualification Details:		,	
- Non		Marks Obtained	Out of	Percentage	
amination Pharmacy Final Year/Semester Pth/H.S.C. Aggregate		2835	4800	59.06	
		353	600	58.83	
		413	500	82.6	
th/S.S.C. Aggregate		413			

titute Details :

Institute Name 6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority) Course Name 637281710-Pharmaceutics Tution Fees (₹) 30000/-Admission Date 29-08-2018

Development Fees (₹) 0/-Admission Type Institute Level Seat Other Fees (₹) 0/-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/ 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 :

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

ported On:29-08-2018 12:30:46 PM rinted On: 29-08-2018 12:30:49 PM Last Modified On :29-08-2018 12:30:46 PM Signature of Institute Officer (6372)

Signature of The Candidate (DURGUDE MANDAR

PUNE DISTRICT EDYICATION AREPORTED BY :: 6372 SETH GOVIND RAGHUM Printed BYL 6372 COLLEGE OF PHARMLast Modified By:6372

HIGANIHOR, DIST, PUNE-412 301

PUNE DISTRICT EDUCATION ASSO SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD TAL. PURAMOHAR, DIST. PURE - 412301.

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# State Common Entrance Test Cell, Maharashtra State, Mumbal

8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.) Receipt-cum-Acknowledgement of Institute Level Admission

Sponsorship Status : Non Sponsored

owledgement of	Institute Level	Admission as	Additional Ro	ound for Adr	nission (	o Firs
Full Time Post-	Graduate Cours	e In Pharmacy	(M. Pharm.)	for the year	r 2018 -	2019

pication 1D : MPH18103383 sonal Details : Full Name MULANI SHABNAM POPAT

Date of Birth 22-08-1994 Nationality Indian

Gender Female Category-Caste OBC - Khatik

Annual Family Income (₹) 50,001 - 1,00,000 Applied For EBC No

PH Type N.A Type of Candidature Maharashtra State Candidate - Type Maharashtra State Candidate - Type A

Type of Candidature Maharashtra State C		B-Pharmacy Details	Savitrib	ai Phule Pune University
armacy Status	Passed	B. Pharmacy University		
armacy		Qualification Details:	Out of .	Percentage
11.0		Marks Obtained	4800	59,65
nination armacy Final Year/Semester		2863	600	41
/H.S.C. Aggregate		246	500	68.4
h/S.S.C. Aggregate		342		Cable College of

6372 - Poona District Education Association's Seth Govind Raghunath Sable College of institute Details :

Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous Non-Minority) Course Name 637282110-Pharmacology **Institute Name** Admission Date 29-08-2018 Tution Fees (₹) 20000/-Admission Type Against CAP Development Fees (₹ ) 0/-Remark Reported & Admitted

Declaration by Candidate | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of the the Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of the Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of the Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of the rules | Thereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of the rules | Thereby agree to conform to rules, acts and laws enforced by Government | Thereby agree to conform to rules, acts and laws enforced by Government | Thereby agree to confor Signature of The Candidate (MULANI SHABNAM POPAT)

college institute/university/Government and the undertaking given above.

Date 29-08-2018

place :

Full Time Postmentioned in this receipt.

INSTITUTE USE ONLY

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Or Two Year Of Two

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 Printed On: 29-08-2018 02:49:06 PM Last Modified On: 79-08-2018 02:49:06 PM Signature of Institute Officer (6372)

PUNE DISTRICT FOI KATION ASSOCIATION 45 (6372 SETH GOVIND RAGHL Printed By.) 6372 COLLEGE OF PHA Cast Modified By: 6372 TAL, PURANDHAR, DIST, PUNE 412 301

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

37		fime Post-Gradu:	ate Course	In Pharmacy (M. P			
ब्रम्ते tion ID : MPE 1810064 ND : talls :	42	the Martin Samper (All Call State Spillings (St. Clot), 200 against the Call Spillings (St. Clot), and the Call Spillings				Sponsors	hip Status : Non Sponsored
non ID : Mirital door		the property of the same of th	The second second				and the second s
D tails : Full Name	DAWAD SHAM	IBHURAJE MANSIN	G	the same of the sa			
Full Name		DIOTOTOL THEOLOG		Date of Birth	19-04-1996		1000
Nationality			Annua	l Family Income (マ)	50,001 - 1,00,	000	De la company
Gender		4	Amilan				
Category-Caste	OPEN			the state of the s			L. A
Applied For EBC	No						Train.
рн туре	N.A.		Tuna	laharashtra State Ca acy Details	andidate - Typ	e A	
Time of Candidature	Maharashtr	a State Candidat	e - Type I	nav Dataile			
- Address - Control of the Control o			B-Pharm	B. Pharmacy Unive	ersity	Savitril	oai Phule Pune University
reatus	Passed	1					
macy Status			Qualifica	tion Details:		ot of	Percentage
V.				Marks Obtained		1800	58.77
ination	nester			2821		550	57.54
ination ormacy Final Year/Ser ou S.C. Aggregate				374		500	73.8
H.S.C. Aggregate				369			
/H.S.C. Aggregate /S.S.C. Aggregate tute Details :				cation Association's (Un-Aided - Non-Autor	a th Covind I	Raghunat	h Sable College of
ute Details :		6372 - Poona Di	istrict Edu	cation Association's	nomous - Non-l	dinority)	
Ins	stitute Name	Pharmacy , Sast	wad, Pune		ourse Name	3/20211	7 1 1141
7.1	tion Fees (₹)	15000/-			ission Date	30-08-201	8
					Remark	Reported	Admiretes
0	ther rees (1)	15000/-		L by Cayornmen	nt. I hereby unde	rtake that	Admitted so long as I am student of Coll me. I fully understand that of the rules prescribed by  Signature of The Candid  MAD SHAMBHURAJE MANSIN
	Total rees (1)	conform to rules, a	icts and laws	the authorities to take	disciplinary acti	on agairist fringement	of the rules prescribed by
pration by Candidate	a manner wh	iich may result in e	xpel, rustica	ate me from the instit	tute, for any m		M CWCV
ute, I will not behave in	tute/college wil	e undertaking given	above.				The Candid
aration by Carlos Behave in title. I will not behave in ti	rernment and the						Signature of The Cansin VAR SHAMBHURAJE MANSIN
-qc						(PAV	
te:30-08-2018							
ace:							est Year Of Two Year Full Time
7 10			INSTIT	UTE USE ONLY	our College / Ins	titute for r	the Fees mentioned in this re
	We	hereby declare that	, we are adm	ation of Candidate's Ider	ntity.The candida		Val N
eclaration by the College aduate Course In Pharmac e also declare that the adm	y (M. Pharm.) fo	or the year 2018-201 ate is confirmed in pr	esence of th	e Candidate Edwing School	Harry S	Signat	irst Year Of Two Year Full Time the Fees mentioned in this re ure of Institute Officer (6 UCATION ASSOReported By: RAGHUNATH Printed By:
e also declare that the auti		. L cath Gr	vind	SE CON THE THE LAND	E	TOLOTER	ICATION ASSOCIATORE BY
				SE SE	TOUNE DIE	ONIND	RAGHUNATH Printed By:
eal of Poona District E aghunath Sable Colleg	ge of Pharmac	y , 343114-,		1 5 14 2 1	111 -001 1 11		TARIA OIL
agnunatii Saa	11.54:04 AM			TEN SE	S DILLE	BANDHA	R. DIST. PUNE-412 301
Reported On:30-08-2018 1	1:54:06 AM	м		12	18/1 St. PU	MANONA	14. 20. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1

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

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD TAL. PURANDHAR, DIST. PURA : 412381.

\*



State Common Entrance Test Cell, Maharashtra State, Mumbai

8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbal-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

Sponsorship Status: Non Sponsored Application ID: MPH18102473 Personal Details: Full Name SALUNKHE SNEHA HARICHANDRA Date of Birth 03-08-1996 **Nationality** Annual Family Income (₹) 1,00,001 - 1,50,000 Female Gender Category-Caste OPEN

Type of Candidature Maharashtra State Candidate - Type Maharashtra State Candidate - Type A **B-Pharmacy Details** Savitribai Phule Pune University B. Pharmacy University **B.Pharmacy Status** Passed Qualification Details: Percentage Out of Marks Obtained Examination 62.35 4800 2993 B.Pharmacy Final Year/Semester 54.5 600 327 12th/H.S.C. Aggregate 500 69 345 10th/S.S.C. Aggregate

Institute Details :

PH Type

6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Institute Name pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority) Course Name 637281710-Pharmaceutics Tution Fees (₹) 30000/-Admission Date 29-08-2018 Development Fees (₹) 0/-Admission Type Institute Level Seat Other Fees (₹) 0/-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 will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the proposed and the undertaking given above college/institute/university/Government and the undertaking given above. Signature of The Candidate (SALUNKHE SNEHA HARICHANDRA)

Date:29-08-2018

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

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 Signatur (6372)

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUP THE BY 572 COLLEGE OF PHARMACOLOGICA STATES TAL, PURANDHAR, DIST. PUNE-412 301

PRINCIPAL PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUMATH SABLE COLLEGE OF PHARMACY, BASWAD

TAL PURANDHAR, OLST. PURE - 412301.



#### State Common Entrance Test Cell, Maharashtra State, Mumbat 8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbal-400001.(M.S.) Receipt-cum-Acknowledgement of Institute Level Admission as Institute Level Seat for Admission to First Year Of Two

सन्यमेव जवने	Year run Time r	ost distance course in Francisco (F), F	marina, for the year 201	) - XVI )
Application 1D : MPH181017	47		Spansorsh	lp Status : Non Sponsored
Personal Details :				
Full Name	THOMBARE RUTUJA L	JLHAS		
Nationality	Indian	Date of Birth	21-06-1996	(36)
Gender	Female	Annual Family Income (₹)	5,00,001 - 5,50,000	The state of the s
Category-Caste	OPEN			
PH Type	N.A.			. 44

Type of Candidature Maharashtra State Candidate - Type Maharashtra State Candidate - Type A B-Pharmacy Details

( John Joseph	

		U-ritarinacy Details		
B.Pharmacy Status	Passed	B. Pharmacy University	Savitri	bal Phule Pune University
		Qualification Details:		
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

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)

Course Name 637282210-Pharmacutical Chemistry Tution Fees (₹) 20000/-Admission Date 29-08-2018 Development Fees (₹ ) 0/-Admission Type Institute Level Seat 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 Investor of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the proposition of the institute of the rules prescribed by the Date:29-08-2018

Date: 29-08-2018

Place:

INSTITUTE USE ONLY

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

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 Signatura (6372)

Signature of The Candidate OMBARE RUTUJA ULHAS)

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHER THE STATE OF PHARMAGE IN STATE OF PHARMAGE IN STATE OF PHARMAGE IN SACRED TO THE STATE OF 
I MEDISTR DIST, MAIFA12 301

PLACE DIS 181

COLL STATE THE RMACY I SHAD

TAIL PURE 11 . 4831 P.M. .. 412301.



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 2016 and 2016

सत्यम्ब जयत	Tun Time Tour	That inacy (M. Ph.	arm.) for the year 2018	- 2019
Application ID: MPH181017	65		Sponsorsi	hip Status : Non Sponsored
Personal Details :				inp actions ( ) ( of appointment
Full Name	ZAGADE PRATIK RAJE	NDRA		
Nationality	Indian	Date of Birth	01-02-1996	
Gender	Male	Annual Family Income (マ)	5,50,001 - 6,00,000	1
Category-Caste	OBC - Mali			
РН Туре	N.A.			
Type of Candidature	Maharashtra State C	andidate - Type Maharashtra State Ca	ndidate - Type A	Goden

		B-Pharmacy Details		
B.Pharmacy Status	Passed	B. Pharmacy University Savitribai Phule Pune U		
		Qualification Details:		
Examination		Marks Obtained	Out of	Percentage
B.Pharmacy Final Year/Se	mester	2907	4800	60.56
12th/H.S.C. Aggregate		286	600	47.67
10th/S.S.C. Aggregate		377	500	75.4
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)					
-	Tution Fees (₹)		Course Name	637282210-Pharmacutical Chemistry	
<u></u>	Development Fees (₹)		Admission Date	29-08-2018	
	Other Fees (₹)		Admission Type	Against CAP	
	Total Fees (₹)			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

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 Pees mentioned 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 1 Institute Officer (6372)

Signature of The Candidate

ZAGADE PRATIK RAJENDRA)

PUNE DISTRICT EDITICATION & SETH GOVIND RAGNUMATH SAPLE COLLEGE OF PHARMACY, SASWAD TAL, PURANDHAR, DIST, PUNE-412 301

PRINCIPAL

PUNE DISTRICT CONTRACTOR S SETH GOY, ME 12 TILENT I BABLE COLLEGE THE SHOOT I SWAD TAL PURAIL HARY INT , PUBLE - 412301.

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State Common Entrance Test Cell, Maharashtra State, Mumbal
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)
Recelpt-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: MPH1810	1641		Mada	-4.4.1.1.1.1	
		rsonal Details	Mode	of Admission :	Non Sponsore
Full Name	RAUT KIRTI SUNIL	onal Betails			
Nationality		Conde	le		]
Date of Birth		Annual Family Income	Female		
		(₹)	5,00,00	01 - 5,50,000	20
Category-Caste	OBC -Mali				
Religious Minority/Linguistic Minority	N.A				
PWD Type	N.A.				\$ Start
Type of Candidature	Maharashtra State Candidate -	· Type A			] — ····
		tment Details			
	All India Merit Nur				
	Rep	orting Details			
Institut		Association's Seth Govind	Raghuna	ath Sable Colle	ge of
Tution Fees (₹	30000/-		Course	637282210-Ph Chemistry	armacutical
Development Fees (₹	(i) 0/-	Admissi	on Date	16-08-2018	
Other Fees (₹	0/-	Admissi	on Type	CAP Round 1	
Total Fees (₹	30000/-				
	k Reported & Admitted				·
incipal/Director of the institute/co	by agree to conform to rules, acts and a manner which may result in composite will have rights to expel, rusent and the undertaking given above.				
Pate:16-08-2018					out f The Candidat
		1	ï	(RAL	IT KIRTI SUNIL)
Place :					
eclaration by the College/Ins	stitute: We hereby declare that,				
eclaration by the College/Insar Full Time Post-Graduate Could the Fees mentioned in this refeat of Poona District Educ	stitute . We hereby declare that	we are admitting this Candidate the year 2018 - 2019 on verifications (Candidate is confirme	Signatur	indidate's Identity The Dripe Candid The Institute FOUCATION ASSO	/.The candidate hate.  Officer (6372
eclaration by the College/Instar Full Time Post-Graduate Cou bid the Fees mentioned in this re Geal of Poona District Educ Raghunath Sable College o	stitute: We hereby declare that, rse In Pharmacy (M. Pharm.) for ecceipt. We also declare that the advantage of the second of th	we are admitting this Candidate the year 2018 - 2019 on verifications of Candidate is confirme with the confirme	Signatu	indidatà's dentitive prime Candidatà's le Candidata's le Candidata	/.The candidate hate.  Officer (6372 CIATION'S
id the Fees mentioned in this re	stitute: We hereby declare that, rse In Pharmacy (M. Pharm.) for ecceipt. We also declare that the advantage of the second of th	we are admitting this Candidate the year 2018 - 2019 on verificating this year 2019 on verific	Signation of Card in present Signation of Card in present Signation of Card in present Signature (Signature Signature (Signature Signature Signature Signature Signature Signature Signature (Signature Signature Signat	indidate's Identity The Dripe Candid The Institute FOUCATION ASSO	V.The candidate hate.  Officer (6372 CIATION'S SABLE PROPERTY SABL

PRINCIPAL
PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNATH SABLE
COLLEGE OF PHARMACY, SASWAD
TAL. PURANDHAR, DIST. PUNG-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 : MPH1810	2267	Mode	e of Admission : Non Sponsored		
	Per	sonal Details			
Full Name	MUNDE VIJAY PREMCHAND				
Nationality	Indian	Gender Male			
Date of Birth	19-01-1997	Annual Family Income (₹)	1 - 1,00,000		
Category-Caste	NT 3 (NT-D) -Vanjari				
Religious Minority/Linguistic Minority					
PWD Type	N.A.		V		
Type of Candidature	Maharashtra State Candidate -	Type A			
	Allot	tment Details			
	All India Merit Num	iber 522			
	Allotted Choice C	ode 637281710			
	Allotted Seat T	ype GOPEN			
	Preference	No. 4			
	Repo	orting Details			
Institute	Poona District Education A Pharmacy , Saswad, Pune	ssociation's Seth Govind Raghun	ath Sable College of		
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/-		,		
	Reported & Admitted				
eclaration 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 bilege/ 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 increase of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the bilege/institute/university/Government and the undertaking given above.					
Date:18-08-2018	·		Signature of The Candidate (MUNDE VIJAY PREMCHAND)		
te: Saswad					
- I 1 L. Al - 0 - 11 12 1	INSTIT	UTE USE ONLY e are admitting this Candidate to our Co	ollege / Institute for First Year Of Two		
eciaration by the College/Inst ear Full Time Post-Graduate Cour	se In Pharmacy (M. Pharm.) for th	e year 2018 - 2019 on verification of C	andidate's Identity. The candidate has		

paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence

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

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

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COLLEGE OF PHARMAGNISA BY 6372

AL. PURANDHAR DIST PUNE 417 301 Last Modified By:6372

PUNE DISTRICT EDUCATION AS SETH GOVIND RAGHUNATH SABLE COLLEGE CE PHERMACY, 3 ISWAD TAL. PURANDHAR, DIST. PUNG. 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

to the same of the				2019		
Application ID : MPH1810	2572		Mode o	of Admission :	Non Sponsored	
	Pers	onal Details		, Mannasion .	non sponsorea	
Full Name	PANCHAL DEEPALI MADHAV				1	
Nationality	Indian	Gender Female				
Date of Birth	12-06-1996	Annual Family Income (₹) 50,001 - 1,00,000				
Category-Caste	NT 1 (NT-B) -GadiLohar					
Religious Minority/Linguistic Minority	N.A					
PWD Type	N.A.				Comment of the	
Type of Candidature	Maharashtra State Candidate -	Туре А			ĺ	
	Allot	ment Details			J	
	All India Merit Num	ber 2326				
	Allotted Choice Co	ode 637281710				
	Allotted Seat T	ype GNTB				
	Preference	<b>No.</b> 5				
	Repo	rting Details				
Institut	Poona District Education A Pharmacy , Saswad, Pune	ssociation's Seth Govind R	aghuna	th Sable Colle	ge of	
Tution Fees (₹	0/-		Course	637281710-Ph	armaceutics	
Development Fees (₹	10174/-	Admissio	n Date	18-08-2018		
Other Fees (₹	0/-	Admissio	n Type	CAP Round 2		
Total Fees (₹	10174/-					
Remar	Reported & Admitted					
ollege/ Institute, I will not behave in incipal/Director of the institute/co	by agree to conform to rules, acts and n a manner which may result in compe allege will have rights to expel, rusti and the undertaking given above.	lling the authorities to take discipling	nary action	n against me. I ful	ly understand that the	

Date: 18-08-2018

Signature of The Candidate

**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

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

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

Signature Officer (6372)

UNE DISTRICT EDITION ASSECTA SETH GOVIND RAGHREDETER BY 6372 COLLEGE OF PHARMAGME 131/16372

AL, PURANDHAR, DIST PUNE 2 2 30 Last Modified By:6372

PRINCIPAL

SETH GOVIND RACHUNATH SABLE COLLEGE OF PLORMACY, BASWAD





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 : MPH1810		The y	ear 2018 - 2019
		Mod	e of Admission : Non Sponsore
Full Name		onal Details	Dponsor
Nationality	MALSHIKARE SWAPNALI SANJA	Y	
		Gender Fema	le
Date of Birth		Annual Family Income (₹)	01 - 1,00,000
Category-Caste	NT 2 (NT-C) -Shegar		
Religious Minority/Linguistic Minority	N.A		To the state of th
PWD Type	N.A.		3500
Type of Candidature	Maharashtra State Candidate - T	ype A	
	Allotn	nent Details	
	All India Merit Numb		
	Allotted Choice Co		
	Allotted Seat Ty		
	Preference N		
Institute		ting Details sociation's Seth Govind Raghur	eath Sable College of
Tution Fees (₹)		Course	(27204740 8)
Development Fees (₹)		Admission Date	637281710-Pharmaceutics
Other Fees (₹)			
Total Fees (₹)		Admission Type	CAP Round 3
	Reported & Admitted		
llege/institute/university/Government	and the undertaking given above.	ig the authorities to take disciplinary actic	Signature of The Candidat
te:	. en	(M	ALSHİKARE SWAPNALI SANJAY)
d the Fees mentioned in this recei	ute: We hereby declare that, we a In Pharmacy (M. Pharm.) for the y pt. We also declare that the admiss	E USE ONLY  Ire admitting this Candidate to our Co  rear 2018 - 2019 on verification of Co  ion of Candidate is confirmed in prese	
aghunath Sable College of P		Dusic Education	re of Institute Officer (6372)
eported On:16-08-2018 03:09	l A	PUNE	DISTRICT EDI MABBINESSOCIETO
rinted On :16-08-2018 03:09:	38 PM	1.36	H GOVIND RAGHUNATH SALE
st Modified On :16-08-2018 (	03:09:27 PM		PURANTIMAR MOUTH PLANTING TO THE PURANTIMAR PROPERTY OF THE PURANTIMAR PURANTIMAR PROPERTY OF THE PURANTIMAR PURANT
	O. C.	1993 MAD WATER WATER	PRINCIPAL
		SETH G	PRINCIPAL  TRICI EDU AINA CASCO ATONIO  DIA NEL SOLO HUMANIMI SABLE  DE COL ARCEMACIA I NOWAD  ENTONE DE COLO ARCEMACIA I NOMA



State Common Entrance Test Cell, Maharashtra State, Mumbal
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbal-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 week of the Post-Graduate Course In Pharmacy (M. Pharm.)

			The ATT PHAITMACV (M.	Dharm \ 6	16	The state of the s
Application ID : MPH181019	142		The In Pharmacy (M.		or the year	2018 - 2019
Personal Details :			Sponsorship Status: Non Sponsor			
Full Name	DURGUDE	MANDAR SANJAY				
Nationality	Indian		Date of Birth	00.00.10	-	
Gender	Male	Annu				+ = .
Category-Caste		,	al Family Income (₹)	7,00,001	- 8,00,000	
PH Type						1
		tra State Candidate - Type I	Mahamakan			7:51 =
		P. Dham	rianarashtra State Ca	ndidate -	Type A	
B.Pharmacy Status	Passe		nacy Details			
	1, 000		B. Pharmacy Univer	rsity	Savitrit	oai Phule Pune University
Examination			tion Details:			
B.Pharmacy Final Year/Seme	stor		Marks Obtained		Out of	Percentage
12th/H.S.C. Aggregate	3161		2835		4800	59.06
10th/S.S.C. Aggregate			353		600	58.83
Institute Details :			413		500	82.6
	ute Name	6372 - Poona District Educi Pharmacy , Saswad, Pune(l	ation Association's Se Un-Aided - Non-Autonom	th Govind	Raghunath	Sable College of
	n Fees (₹)	30000/-				Pharmaceutics
Development					29-08-2018	rnarmaceutics
	r Fees (₹)					al Soat
Tota	l Fees (₹)	30000/-	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 rollege/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 :

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 of institute Officer (6372)

Signature of The Candidate

PUNE DISTRICT EDUCATION ASSOCIATION: 8372
SETH GOVIND RAGHUNATH STREET B372
COLLEGE OF PHARMATH SINGLES 372
T41. GURANDHAR, DIST, PUNE 412 301

Pochauch

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



State Common Entrance Test Cell, Maharashtra State, Mumbal
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbal-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

		ī				
Application ID : MPH18101				Mode	of Admission:	Non Sponsored
		rsona	al Details			
Full Name	PETKAR POOJA ANANT					
Nationality	Indian		Gender			
Date of Birth	13-01-1996	4	Amnual Family Income (₹)	1,50 <b>,0</b>	01 - 2,00,000	
Category-Caste	OBC -Shimpi					
Religious Minority/Linguistic Minority	N.A				E.	e de
PWD Type	N.A.					-300
Type of Candidature	Maharashtra State Candidate -	Туре	e A	<b>.</b>		
	, Allo	tmer	nt Details			
	All India Merit Nun	nber	2605			
	Allotted Choice (	Code	637282210			
	Allotted Seat					
	Preference					
			g Details			
	Doons District Education			a bisa a	th Sable College	ua af
Institute	Pharmacy , Saswad, Pune	13300	Ciacion S Seth Goving Ra	gnuna	ith Sable Coney	6 01
Tution Fees (₹)	30000/-	•	C	ourse	637282210-Pha Chemistry	rmacutical
Development Fees (₹)	0/-		Admission	Date	16-08-2018	
Other Fees (₹)	0/-		Admission	Туре	CAP Round 1	
Total Fees (₹)	30000/-			ſ		
Remark	Reported & Admitted			1		7
eclaration by Candidate: I herebollege/ Institute, I will not behave in rincipal/Director of the institute/colloblege/institute/university/Government	a manner which may result in comp-	ellina t	the authorities to take disciplina	ry action	ı against me. I fully ı	understand that the
Date:16-08-2018	ě			Ĭ	Signature of T	he Candidate
Place :	- 7 - 5				(PETKAR P	GOJA ANANT)
peclaration by the College/Inst ear Full Time Post-Graduate Cours and the ses mentioned in this rec	itule: We hereby declare that, we see In Pharmacy (M. Pharm.) for the eight. We also declare that the adm	ve are ne yea nissior	ar 2018 - 2019 on verification of Candidate is confirmed in	n of Car n preser	ndidate's Identity.T	he candidate has e.
Seal of Poona District Educa Raghunath Sable College of	Pharmacy , Saswad, Pune	ind i	I T I FUN	F DISTR	TO EDUCATION AS	SOCIATION
Reported On:16-08-2018 04:	10:15 PM	-	SET CO	LLEGE	VIND RAGHUNA OF PHARMACY	rted Hy 5372
Printed On :16-08-2018 04:14		12	TAI	PURA	WHAR, DIST. PE	nted By: 6372
Last Modified On :16-08-2018	3 04:10:15 PM	118	1993		Last Mod	ified By:6372
		*	OF PURSUE		PRINCIP	no)
					PRINCIP	AL NASSOCIATIONS

PRINCIPAL
PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNAT 1 JABLE
COLLEGE OF PHARMACY, 345WAD
TAL PURANCHAR, DIST PUNE-412301.



State Common Entrance Test Cell, Maharashtra State, Mumbal

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 Sponsorship Status: Non Sponsored Application ID: MPH18103383 Personal Details Full Name MULANI SHABNAM POPAT Date of Birth 22-08-1994 Nationality Indian Annual Family Income (₹) 50,001 - 1,00,000 Gender Female

Applied For EBC No PH Type N.A. Type of Candidature Maharashtra State Candidate - Type Maharashtra State Candidate - Type A

**B-Pharmacy Details** Savitribai Phule Pune University B. Pharmacy University

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

Institute Details :

6372 - Poona District Education Association's Seth Govind Raghunath Sable College of Institute Name Pharmacy , Saswad, Pune(Un-Aided - Non-Autonomous - Non-Minority)

Course Name 637282110-Pharmacology Tution 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 Propadi-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:

S. P. Mwani Signature of The Candidate

INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Graduate Course In Pharmacy (M. Pharm.) for the year 2018-2019 on verification of Candidate's Identity. The candidate has paid the 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

Category-Caste OBC - Khatik

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 (6372)

PUNE DISTRICT EDUCATION ASSO SETH GOVIND RAGHLEMALE SABLE COLLEGE OF PHARMAGHIBAEWAY TAL, PURANDHAR, DIST, PUNE-412 301

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



State Common Entrance Test Cell, Maharashtra State, Mumbal 8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbal-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: MPN181006	42		Sponsors	hip Status : Non Sponsore
Personal Datails:				
Full Name	PAWAR SHAMBHURA	JE MANSING		Aller and the second of
Nationality	Indian	Date of Birth	19-04-1996	
Gender	Male	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	OPEN			and the same
Applied For EBC	No			I have
РН Туре	V.A.			Thouse
Type of Candidature	Maharashtra State	Candidate - Type Maharashtra State Car	ndidate - Type A	The same of the sa
		B-Pharmacy Details		

		B-Pharmacy Details		
B.Pharmacy Status	Passed	B. Pharmacy University Savitribal Phule Pune Univ		
		Qualification Details:		
Examination Marks Obtained Out of Percentage				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 Educat Pharmacy , Saswad, Pune(U	t <mark>ion Association's Seth Govind</mark> n-Alded - Non-Autonomous - Non	Raghunath Sable College of -Minority)
Tution Fees (₹)	15000/-	Course Name	637282110-Pharmacology
Development Fees (₹ )	0/-	Admission Date	30-08-2018
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)			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

Signature of The Candidate SHAMBHURAJE MANSING)

Manor

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: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

PRINCE IN L. DISTRICT FOIICATION ASSOCIATION BY::6372
DETH GOVIND RAGHUNATH THE BY::6372
DILLEGE OF PHARMACLES ASSURED BY:6372
OF PHARMACLES ASSURED BY:6372
OF PHARMACLES ASSURED BY:6372

FOLICATION ASSO SETH GOVING RAGHUNAT' I SABLE COUNTY OF PHARMACY, BASWAD TALL OF PLANT SLAR, DIST. PUREL 412301.



# State Common Entrance Test Cell, Maharashtra State, Mumbai 305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)

Receipt-cui सत्यमेव जयते	n-Acknowledgement of Insti ime Post-Graduate Course In	tute Reporting for Admis Pharmacy (M. Pharm.)	sion to for the	First Year Of year 2017 - 20	Two Year Full 018		
Application ID: MPH17102599				Mode of Admissio	n : Non Sponsored		
	Pers	onal Details					
Full Name	DHUMAL DIGVIJAY RAJENDRA				<b>美国教育</b> (1985年)		
Nationality	Indian	Gender	Male		(ac)		
Date of Birth	02-10-1995	Annual Family Income (く)	15,001 -	- 50,000			
Category-Caste	OPEN	Applied For EBC	No				
Religious Minority/Linguistic Minority	N.A				J		
	PWD Type Not Applicable						
Type of Candidature	Maharashtra State Candidate - Type	2 A			9		
	Allotr	nent Details					
	State Level Merit Numb	per 1078					
	Allotted Choice Co	de 637281710					
	Allotted Seat Ty	pe GOPEN					
	Preference i	lo. 1					
Reporting Details							
Institut	e Poona District Education Associat	ion's Seth Govind Raghunath	Sable Co	llege of Pharmacy	, Saswad, Pune		
Tution Fees (₹	20000/-		Course	637281710-Pharm	aceutics		
Development Fees (₹	() 0/-	Admiss	ion Date	16-08-2017			
Other Fecs (₹	6) 0/-	Admiss	ion Type	CAP Round			
Total Fees (	) 20000/-				\$		
Remar	k Reported & Admitted				1		
College/ Institute, I will not behave the Principal/Director of the institut	by agree to conform to rules, acts and in a manner which may result in compee/college will have rights to expel, rus lent and the undertaking given above.	lling the authorities to take discit	olinary aci	gement, of the rule	my understand that		
Place :							
	INSTITU	TE USE ONLY	e to our	College / Institute	for First Year Of		
	stitute : We hereby declare that, we te Course In Pharmacy (M. Pharmentioned in this receipt. We also de	1 for the year 2017 - 2016	Candidat	e is confirmed in	presence of the		
of Poona District Education	Association's Seth Govind Raghunat	h		gnature of Institu			
Sable College of Pharmacy, Sasv Reported On:16-08-2017 02:59:33	vad, Pune PM		GOVIN	EDUCATION ASSOCIATED RAGHUNATO	CIATION'S eported By::6372 Printed By:6372		

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

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

URL: http://mpharm17.dtemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitrecelpt?id=NDcw&rhd=Mg=21

COLLEGE OF PHARMA Last Modified By:6372

PRINCIPAL

SET A CHARL RAGHUNAT I SABLE

OOL AND THARMACY, BASWAD

TALL OF THARMACY, BASWAD

TALL OF THARMACY, BASWAD



### State Common Entrance Test Cell, Maharashtra State, Mumbal 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

मिव जबते	-Acknowledgement of ne Post-Graduate Cou	irse In Pha	rmacy (M. Pharm.) f	Мо	de of Admissio	n : Non Sponsored
: MPH17101560						-
		Personal	Details			
Full Name F	RANDIVE PRAJAKTA SUDHIR		Conder	Female		7.5
Nationality 1			Gender   Female   Innual Family Income (		6,00,000	
Date of Birth		A	nnual Family Income (\)	No		- A
			Applied For EBC	140		A ALL LAND
Category-Caste						0 10
eligious Minority/Linguistic Minority						Postoustile.
PWD Type	Not Applicable	ate - Type A				
Type of Candidature	Maharashtra State Candida	Allotmen	Details			
	State Level M	13114				
	State Level M	Choice Code	637281710			
	Allotted	Choice Code	GOPEN			
	Allotte	ed Seat Type	1			1 Pune
	Pro	eference No.			loge of Pharma	acy , Saswad, Pulle
			L. Coth Govind Raghunath	sable Co	c27281710-Pha	rmaceutics
eporting Details	to Poona District Educatio	n Association	s Setti Govern	Course	16.08-2017	
Institu	Proud District Educatio		Admis	sion Date	16-08-2017	
Tution Fees	(1)		Admis	sion Type	CAP Round	
	(3) 0/-					
Other Fees Total Fees Rem Occlaration by Candidate: 1 he college/ Institute, 1 will not behave the college of the institute of the institute.	(₹) 0/-		_			long as I am student o
Other Fees  Total Fees  Rem  Declaration by Candidate : 1 ho  College/ Institute, 1 will not behave the Principal/Director of the institute  The Principal of the institute of t	(₹) 25000/-		ant	I hereby un	dertake that so	I fully understand tha
Pom	ark Confirmed	acts and law	s enforced by Government.	ciplinary ac	tion against the	rules prescribed by the
Date:16-08-2017  Place:  Declaration by the College/ Two Year Full Time Post-Grac					(RANDIV	titute for First Year (ndidate's Identity.Tied in presence of the notitude of the notitude of the notitute of
Candidate.	· · · · · · · · · · · · · · · · · · ·	a nachunath				
Candidate.  I of Poona District Education of Pharmacy , S	on Association's Seth Govin	u Ragnania				printed BV:03
of Poona District Education	aswad, Pune					Last Modified By:63
Reported On:16-08-2017 04:26: Printed On:16-08-2017 04:26: Last Modified On:16-08-2017 URL: http://mpharm17.dtemi	::45 PM 48 PM 04:26:45 PM aharashtra.org/mpharm17/i	institute_repo	ort.php/institute_reportin	g/admitre	ceipt?id=NjY5	&rnd=MQ==



# 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 Mode of Admission : Non Sponsored prication 23: MPH17101560 Personal Details Full Name RANDIVE PRAJAKTA SUDHIR Gender Female Annual Family Income ( \$\, 5,50,001 - 6,00,000 Indian Nationality Date of Birth 06-08-1995 Applied For EBC No Category-Caste OPEN Religious Minority/Linguistic N.A Minority PWD Type Not Applicable Type of Candidature Maharashtra State Candidate - Type A **Allotment Details** State Level Merit Number 1526 637281710 Allotted Choice Code GOPEN Allotted Seat Type Institute Poona District Education Association's Seth Govind Raghunath Sable College of Pharmacy , Saswad, Pune Reporting Details Admission Type CAP Round Tution Fees (₹) 25000/-Development Fees (₹) 0/-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 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 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.

the randpayonector of the institute/conege will have rights to exper, rucollege/institute/university/Government and the undertaking given above.

Date: 16-08-2017

INSTITUTE USE ONLY

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 the Vear 2017 - 2018 on Verification of Candidate's Identity The Two Year Full Time Post-Graduate Course to Pharmacy (M. Pharm.) for the Vear 2017 - 2018 on Verification of Candidate's Identity The **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 Fock mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Iwo rear 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.

Candidate.

Signature of Institute Officer (6372)

Reported By::6372 Printed By:6372 Last Modified By:6372

of Poona District Education Association's Seth Govind Raghunath Programacy , Saswad, Pune

Last modified Un: 10-U8-2017 04:26:45 PM
URL: http://mpharm17.dlemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=NjY5&rnd=MQ==

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION SETH UCVIND RAGHUNATH GABLE COLLEGE OF PHARMACY, SASWAD

TAL, FURAPIDHAR, DIST. PURE - 412301.

VIND RAGHUNATH SABI

OF PHARMACY, SASWAL " 1 T. F.F.T. 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

जयते 🔑	ost-Graduate Course In	Pharm	acy (M. Pharm.) for t	ille year 2		n : Non Sponsored
ion 1D : MPH17102948				Мо	de of Admissio	
	Pe	rsonal D	etails			
Full Name AVH	AD NILESH PANDURANG					96
Nationality Indi			Gender	Male	000	The state of the s
Date of Birth 04-		A	nnual Family Income (₹)	15,001 - 30,	,000	a e
Category-Caste NT			Applied For EBC	Yes		
ligious Minority/Linguistic						78 1
Minority Minority	4					10
PWD Type No	t Applicable					
Type of Candidature M	aharashtra State Candidate - T	ype A Illotmen	Details			
	A	llotmen				
	State Level Merit I Allotted Choi	Number code	637281710			
	Allotted Choi Allotted Se	at Type	GOBC			
	Allotted Se	ence No.	1			1 Bung
	Preference  Re Poona District Education Ass			Cable Colleg	e of Pharmacy	, Saswad, Pulle
eporting Details	The let Education Ass	ociation	s Seth Govind Raghunath	Course	537281710-Pharr	maceutics
Institu	e Poona District Education 716		Admi	ssion Date	18-08-2017	
Tution Fees (	() 0/-		Admi	ssion Type	CAP Round	
Development Fees (	₹) 9773/-					
Other Fees  Total Fees  Rem  Declaration by Candidate: I he College/ Institute, I will not behave	T. 144673/4				to that so lo	ong as I am student of
Total Fees  Rem  Declaration by Candidate : I he College/ Institute, I will not behave Principal/Director of the institute, college/institute/university/Govern	(() 11073/°		formed by Government.	I hereby und	against me. I fu	illy understand that the
Date: 18-08-2017		ICTITU	FE USE ONLY	ta to our Co	(AVHAD	e for First Year Of Tw
	Institute : We hereby declare	that, we	year 2017 - 2018 on verif	ned in prese	ence of the Can	didate
Declaration by the College	rinstitute: We hereby declare (M. Pharmacy (M. Pharmacy is receipt. We also declare that the country of the cou	he admis	sion of Candidate is comme		-67	actitute Officer (6372
the Fees mentioned in th	is receipt.		a la constant			Reported By::637
District Educat	an Association's Seth Goving	,	(104) =- 1) E	20 SF admitrecep	INE DISTRICT EN ETH GOVINO PAL PURANDHI	Printed By:637 Past Modified B
				SETA	CCAIND HAR	HUNATH SABLE MACY, 3 (SWAD) ST PUN (-412391.

https://mpharm17.dtemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=MTQ3OA==&rnd=Mg==



# State Common Entrance Test Cell, Maharashtra State, Mumbal 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

व जयत	-	-				Made of Admissi	on : Non Sponsore
tion ID : MPH17101948				11		Flode of Admissi	
			sonal I	Details			7.5
Full Name KC	OLTE N	IIKITA SHRIPATI					
Nationality In	ndian	1		Gender	Female		(m/e)
Date of Birth 1		1996	1	Annual Family Income (🖔)	2,00,001	-2,50,000	
Category-Caste C				Applied For EBC	No		
							15.11
eligious Minority/Linguistic Minority	5.035.8	n. hla					Brug
PWD Type	Not A	pplicable	me A				1 2
Type of Candidature	Maha	arashtra State Candidate - Ty	letman	t Details			
		State Level Merit N	umber	627281710			
		Allotted Choic	e Code	CODENS			
		Allotted Sea					
		Prefere					
oporting Details		Poona District Education Asso		to Soth Govind Raghunath S	able Colle	ge of Pharmacy ,	Saswad, Pune
Insti	itute	Poona District Education Asso	ciation	s setti dovina trag	Course	637281710-Pharm	naceutics
Tution Fee	s (₹)	20000/-		Admis	sion Date	17-08-2017	
Development Fee	es (₹)	0/-		Admis	sion Type	CAP Round	
Other Fee	es (₹)	0/-					
Total Fee	es (₹)	20000/- `				- los	a as I am student
Principal/Director of the institucollege/institute/university/Governments	ute/coli ernmer	confirmed y agree to conform to rules, acts a manner which may result in college will have rights to expel, nt and the undertaking given about	ve.			-4	e of The Candidate
Place : Declaration by the Colleg	ge/In	INS stitute: We hereby declare the urse In Pharmacy (M. Pharm.) eceipt. We also declare that the	STITUT nat, we for the e admis	FE USE ONLY are admitting this Candidate year 2017 - 2018 on verifica sion of Candidate is confirme			
paid the Fees mentioned in	this r	eceipt. We also design a		columnia in the columnia in th	\$23	Signature of Inst	itute Officer (637
		Association's Seth Govind Ragh wad, Pune 2 PM PM 42:22 PM arashtra.org/mpharm17/institu			TH GOVE LLEGE C Imitteceipt PUNE D SETH	ND RAGHUNA DE PHALINACE EDIDAMTALMGES PRINCIF MATRICT EDUCATIO GOVIND RAGH	PAL MASSOCIATION'S UNATH SABLE
00000					COLL	EGE OF PHARM URANDHAR, DIST	ACY, SASWAD



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

cation ID : MPH17101552				dode of Admission : f	Non Consessed	
	P	ersonal Details		Tode of Admission ; I	von Sponsorea	
Full Name L	ONKAR RANI RAJENDRA					
Nationality I	ndian	Gender Female				
Date of Birth	Date of Birth 12-11-1995 Annual Family Income (₹)   50,001 - 1,00,0					
Category-Caste		Applied For EBC				
Religious Minority/Linguistic Minority	N.A				This is	
PWD Type	Not Applicable			8		
Type of Candidature	Maharashtra State Candidate - '	Type A		(	E134531	
		Allotment Details				
101	State Level Merit	Number 2815				
<u> </u>	Allotted Cho	ice Code 637281710				
	Allotted S	eat Type GOPENS				
	Prefer	ence No. 1				
porting Details						
Insti	tute Poona District Education Ass	sociation's Seth Govind Raghunath S	såble Colle	ge of Pharmacy , Sas	wad, Pune	
Tution Fees	; (₹) 25000/-		Course	637281710-Pharmaceu	itics	
Development Fees	s (₹) 0/-	Admis	ssion Date	17-08-2017		
Other Fee	s (₹) 0/-	Admis	sion Type	CAP Round		
Total Fee	s (₹) 25000/-					
Rei	mark confirmed					
Declaration by Candidate : I h	ereby agree to conform to rules, ac	ts and laws enforced by Government. I	hereby un	dertake that so long as	I am student of derstand that the	

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 lanker college/institute/university/Government and the undertaking given above.

Date:17-08-2017

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

college of Pharmacy , Saswad, Pune

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

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION BY:: 6372 PUNE DISTRICT EDUCATION ASSOCIATION BY:6372
SETH GOVIND RAGHUNATH Modified By:6372

URL: http://mpharm17.dtemaharashtra.org/mpharm17/institute\_report:php/institute\_reporting/admitreceipt?id=MTA2MA==&rnd=MW==

TAL, PURA! DHAR, DIST, PUNE-412 301

SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, 3 4SWAD TAL PURANDHAR, DIST. PUBE-412301.

nttps://mpharm17.dtemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=MTA2MA==&rnd=Mw==





State Common Entrance Test Cell, Maharashtra State, Mumbal 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. Pl

वमेव जयते lication ID : MPH1710	1005				Sp	onsorship	Status: Non Sponsored
sonal Details :							
Full Name	KUMBHARKA	R ASHWINI DNYAND	EO				(4)
Nationality				Date of Birth	28-11-199	5	100
Gender		Α	nnual	Family Income (₹)	50,001 - 1	,00,000	1
Category-Caste	OPEN						1137 115
Applied For EBC							Broini
PH Type	Not Applicat	ole		·			17.
Type of Candidature	Maharasht	ra State Candidate	- Type	: A			
110		B-Ph	armac	y Details 3. Pharmacy Uni	versity	Savitri	pai Phule Pune Universit
.Pharmacy Status	Passed	1			Versity		
Pharmay		Quali	fication	n Details:		Out of	Percentage
Nam				arks Obtained		4800	69.46
Examination	Semester	F .	33	34		600	64.50
Pharmacy Final Year	Semester		38	7		550	87.82
12th/H.S.C. Aggregate			48	3			n llac
10th/S.S.C. Aggregate					1 Cath	Govind Ra	ghunath Sable Colleg
stitute Details :	,	caza - Poona Distr	ict Edu	cation Associat	on-Autonon	nous - Non	ghunath Sable Colleg Minority) D-Pharmaceutics
Inst	titute Name	6372 - Poona Distr of Pharmacy , Sasv	wad, Pu				
Tut	ion Fees (₹)	20000/-				170-110-201	,
	, <del>, , ,</del>	101			-:-n Type	Institute E	,
	ont rees ( )					In anorted a	1110 0011111
Developme Ot T	her Fees (₹)	0/-			Remark	Keported S	and admitted  Indertake that so long as I

vectoration by Candidate: I nereus agree to conform to rules, acts and laws enforced by the authorities to take disciplinary acts and laws enforced by the authorities and laws enf Signature of The Candidate (KUMBHARKAR ASHWINI DNYANDEO)

runy understand that the Principal/Director of the institute/college will have rights to exper, rusticate the of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 29-08-2017

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 on the College/Institute: We hereby declare that, we are admitting this Candidate on Candidate's Identity. The candidate has Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate.

Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of the Candidate.

Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification 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 Signature of Institute Officer (6372)

SETH GOVIND RAGHUIPrinted By 6372 COLLEGE OF PHAILAST Modified By: 6372 TAL PHRANDHAR, DIST. PUNE 412 301

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, & ISWAD TAL PURANOHAR, DIST. PUR . 4- 412301.

Receipt-cum-Acknowledgement forFirst Year Of Two Year Full. Time Post-Graduate Course In Pharmacy (M. Pharm.) 2017 - 2018

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

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

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 nisticate me from the institute. for any infringement of the rules prescribed by 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

college/institute/university/Government and the undertaking given above.

Date: 17-08-2017

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 are admitting this Candidate of Candidate's Identity. The candidate has Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate. Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate is confirmed in presence of the Candidate. Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate is confirmed in presence of the Candidate.

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

ed On:17-08-2017 02:12:37 PM Pin 2d 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\_repor

Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION AS Reported By::6372 SETH GOVIND RAGHUNATHPUAted By:6372 COLLEGE OF PHARMALast Modified By:6372
reporting/admitreceipt/id=MTA50AT = 2000 = MQ301

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAGHUNGTH TABLE COLLEGE OF PHARMACY, 3 SWAD

TAL. PURANIDHAR, DIST. PUN .: - 412301.

nttps://mpharm17.dtemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=MTA5OA==&rnd=MQ==

2017



# State Common Entrance Test Cell, Maharashtra State, Mumbal 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 : Non Sponsored

The state of the s			
म्हर्म्ब जवते plication ID : MPH1710	3618	*	Sponsorship Status : (
rsonal Details :	•		
Full Name	PAWAR CHETAN VISHW	ANATH	37
Nationality		Date of Birth	09-01-1995
Gender		Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Applied For EBC			en
DU Type	Not Applicable		
Type of Candidature	Maharashtra State C	andidate - Type A	, phule
1775			Savitribai Phule

Type of Candidature M.	aharashtra State Ca	andidate - Type A		ribai Phule Pune University
Type of Canal		<b>B-Pharmacy Details</b>	Savit	ribai Phule Pulle or
0	- In	B. Pharmacy	University	
Pharmacy Status	Passed	Qualification Details:	,	Percentage
		Marks Obtaine	out of	60.17
			4800	46.00
xamination	moster	2888	600	66.00
Pharmacy Final Year/Se	illester	276	500	
2th/H.S.C. Aggregate		330		Raghunath Sable College
10th/S.S.C. Aggregate			coth Govind	Raghunath Sub-
[0(11/3.310.133			ciation's Selli G	n-Minority)

n Association's Seth Govind Raghunath Sable College Institute Details:

loth/S.S.C. Aggregate		riation's Seth	Sovina Raginority)
Institute Details :	Poona District Edu	ucation Association's Seth une(Un-Aided - Non-Autonom Course Name	ous - Non-Fillies 637281710-Pharmaceutics
Institute Name	of Pharmacy , Saswad, P	une(Un-Aideo	637281710
Illstitute	of Pharmary,	Course Name Admission Date	29-08-2017
Tution Fees (1)	200007	Addition	Institute Level
Development Fees (₹)	0/-	Admission	Reported and admitted  I hereby undertake that so long as I am I to take disciplinary action against me. I from the institute, for any infringement
Other Fees (₹)	0/-	Remain Covernment.	I hereby undertake action against the
Ottle: Total Fees (₹)	20000/-	nd laws enforced by Govern	from the institute, for any illinois
10.011000	to conform to rules, deta	scult in compelling pusticate me	Hom

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 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 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 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 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 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 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

Date:29-08-2017

INSTITUTE USE ONLY

claration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two rear Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate.

rear Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate.

Signature of Institute Officer (6373)

Constitute Officer (6373)

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 Reported Un:29-U8-2U1/ 12:24:28 PM Printed On: 29-08-2017 12:24:35 PM Last Modified On: 29-08-2017: 12:24:28 PM

SETH GOVIND RAGHUNAPrinted By:: 6372 COLLEGE OF PHARMERS Modified By: 6372 TAL PURANDHAR DIST PUNE 412 301

PUNE DISTRICT COUR A TION ASSOCIATION'S SETH GOVIND KACHUNCTA LABLE COLLECT OF PHARMACY I SWAD TALL PURANISHAR, DIST. PHE . - 112301.



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

सत्यमव जयत Application ID : MPH1710	1005				Si	onsorshin	Status: Non Sponsored
Personal Details :		,			3,	Polisorship	Status : Non Sponsored
	KUMBHAR	KAR ASHWINI DNY	ANDEO				
Nationality I				Date of Birth	28-11-199	95	100
Gender F					mily Income (₹) 50,001 - 1,00,000		
Category-Caste	OPEN						1 m
Applied For EBC	Ńο .						230
PH Type	Not Applic	able					Projet
Type of Candidature	Maharasi	htra State Candida	ate - Ty	/pe A			Brain
		B-	Pharm	acy Details			
B.Pharmacy Status	Pass	ed		B. Pharmacy Univ	versity	Savitrib	oai Phule Pune University
		Qu	alificat	ion Details:			
Examination				Marks Obtained		Out of	Percentage
B.Pharmacy Final Year/Se	mester			3334			69.46
12th/H.S.C. Aggregate		•		387		600	64.50
h/S.S.C. Aggregate				483	550		87.82
stitute Details :				2-			
Institut	te Name			lucation Association Pune(Un-Alded - No			ghunath Sable College Minority)
Tution	Fees (₹)	20000/-		Cour	se Name	637281710	-Pharmaceutics
Development F	ees (₹)	0/-		Admiss	ion Date	29-08-2017	7
Other	Fees (₹)	0/-		Admiss	ion Type	Institute Le	vel Seat
Total	Fees (₹)	20000/-			Remark	Reported a	nd admitted
Declaration by Candidate: I he tudent of College/ Institute, I would ully understand that the Principe of the rules prescribed by the college.	ill not beh al/Director	ave in a manner whic r of the institute/colle	h may re ge will h	esult in compelling the lave rights to expel, ru	authorities sticate me	to take disc	iplinary action against me.
Date: 29-08-2017						Sign	Ashoini ature of The Candidate
Place : Saswad					(KI		R 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 Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017-2018 on verification of Candidate's Identity. The candidate has 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 Signature of Institute Officer (6372)

PRINCIPAL

PUPUNE DISTRICT EDLICATION NESS FEET BY 5372
SETH GOVIND RAGHUM THE SARLE 5372
COLLEGE OF PHARTS OF SEAS WAS 5372
TAL PURANDHAR, DIST, PUNE 412 301

POINCIPAL

PUNE DISTRICT ON A NAME OF THOMS
SETH CONTROL OF THE MASSES
COLLECTION OF THE MASSES
TAL PURANTURE, CIST, DUILLE 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 Sp					hip Status : Non Sponsored		
Personal Details:	4.						
Full Name	PAWAR C	HETAN VISHWANAT	Н				\$227 - product size
Nationality	Indian			Date of Birth	09-01-19	95	10
Gender	Male		Annı	ual Family Income (₹)	50,001 -	1,00,000	
Category-Caste	OPEN						
Applied For EBC	No						
РН Туре	Not Applic	able					enforce
Type of Candidature	Maharas	htra State Candida	ate - Ty	rpe A			- white
		В-	Pharm	acy Details			
B.Pharmacy Status	Pass	ed		B. Pharmacy Univ	versity	Savit	ribai Phule Pune University
		Qu	alificat	ion Details:			
*amination			Marks Obtained		Out of	Percentage	
Pharmacy Final Year/S	emester		2888			4800	60.17
12th/H.S.C. Aggregate			276			600	46.00
10th/S.S.C. Aggregate			330			500	66.00
Institute Details :							
Institu	ite Name	6372 - Poona Dis of Pharmacy , Sa	trict Ed swad, F	lucation Associatio Pune(Un-Aided - Nor	n's Seth n-Autonor	<b>Govind R</b> nous - Nor	taghunath Sable College n-Minority)
Tution	Fees (₹)	20000/-		Cours	se Name	63728171	10-Pharmaceutics
Development	Fees (₹)	0/-		Admiss	ion Date	29-08-20	17
Other	Fees (₹)	0/-		Admission Type Institute Level Seat			Level Seat
Total	Fees (₹)	20000/-					and admitted
	(	tform to miles	acte ar	d laws enforced by Go	vernment	I hereby u	ndertake that so long as I am

veciaration 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

PAWAR CHETAN VISHWANATH)

**INSTITUTE USE ONLY** 

eclaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two rear 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)

POPUNE DISTRICT EDUCATION ARE GIATORY:: 6372
SETH GOVIND RAGHUNATH RACHY:: 6372 COLLEGE OF PHARMAGYMOASWAY:6372 TAL. PLIRANDHAR, DIST, PUNE-412 301

SETH GOVIND RAGHUNATH BABLE COLLEGE OF PHARMACY, BASWAD



#### 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
	Pe	rsonal Details		Trode of Admission : Non Sponsored
Full Name	AVHAD NILESH PANDURANG			
Nationality	Indian	Gender	Male	
Date of Birth	04-01-1996	Annual Family Income (₹)		50,000
Category-Caste	NT 3 (NT-D) -Vanjari	Applied For EBC		50,000
Religious Minority/Linguistic Minority	N.A		I res	
PWD Type	Not Applicable			10
Type of Candidature	Maharashtra State Candidate - Tyj	ре А		10 how
	Alle	otment Details		
	State Level Merit Nu	mber 2222		
	Allotted Choice	Code 637281710		
	Allotted Seat			
	Preferenc	e No. 1		
Reporting Details				
Institu	te Poona District Education Associa	ation's Seth Govind Raghunath S	able Colle	ene of Pharmacy Saswad Pune
Tution Fees (	₹) 0/-			637281710-Pharmaceutics
Development Fees (	7) 9773/-	Admiss		18-08-2017
Other Fees (	1900/-			CAP Round
Total Fees (	(1) 11673/-			
Rema	rk REPORTED			
Principal/Director of the institute/c college/institute/university/Governm  Date:18-08-2017	in a manner which may result in comp ollege will have rights to expel, rus	elling the authorities to take disciplin	nany action	dertake that so long as I am student on against me. I fully understand that the gement of the rules prescribed by the side 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 Candidates.

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

URL: http://mpharm17.dtemaharashtra.org/mpharm17/institute\_red

Signature of Institute Officer (6372)

PREMARE PORTE BY::6372
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TAL. PURANDHAR, DIST. PUNE-412 301

(P) Choron

PUNE DISTRICT ESSEARCH ASSOCIATION'S
SETH GOVIND RAGHUNATI SABLE
COLLEGE OF PHARMACY. 3 4SWAD
TAL. PURALIDHAR, DIST. PUR. 2- 412391.

https://mpharm17.dtemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=MTQ3OA==&rnd=Mg==



#### 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 Admis	ssion : Non Sponsor
	Pers	onal Details			Ton Sponsor
Full Name	ZORI PRIYA GURURAJ				
Nationality	Indian	Gender	Female		200
Date of Birth	04-09-1995	Annual Family Income (₹)		1.00.000	
Category-Caste	OPEN	Applied For EBC		2,00,000	
Religious Minority/Linguistic Minority	N.A				100
PWD Type	Not Applicable				12121
Type of Candidature	Maharashtra State Candidate - Type	A			300
	Allotr	ment Details			
	State Level Merit Numi	ber 432			
	Allotted Choice Co	ode 637282210			
	Allotted Seat Ty	pe GOPEN			
	Preference I	No. 1			
Reporting Details					
Institut	e Poona District Education Associati	on's Seth Govind Raghunath Sa	ble Colle	ge of Pharmacy	, Saswad, Pune
Tution Fees (₹					macutical Chemistry
Development Fees (₹	0/-	Admissi	on Date	17-08-2017	
Other Fees (₹	0/-	Admissi	on Type	CAP Round	
Total Fees (く	30000/-				
	k confirmed  by agree to conform to rules, acts and I				

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 GURURA))

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

odified On :17-08-2017 02:12:37 PM
URL: http://mpharm17.dtemaharashtra.org/mpharm17/institute\_repd

Signature of Pratitute Officer (6372)

PUNE DISTRICT EDITICATION ASSESSMENTED BY::6372 SETH GOVIND RAGHUNATH BASINAL BY:6372 COLLEGE OF PHARMAUT! BASINAL BY:6372 OFFICE OF PHARMAUT! BASINAL BY:6372

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PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIAD RAGHUNST' + SASLE COLLEGE OF PHARMACY, 3 ASWAD TAL, PURAJIDHAR, DIST, PUNJS, 112301.



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 Admissio	on : Non Sponsore
	Perso	nal Details			on . Non Sponsore
Full Name	LONKAR RANI RAJENDRA				
Nationality	Indian	Gender	Female		Mark College
Date of Birth	12-11-1995	Annual Family Income (₹)		1.00.000	
Category-Caste	OPEN	Applied For EBC		2,00,000	<b>建</b>
Religious Minority/Linguistic Minority	N.A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[110		AVA
PWD Type	Not Applicable				A STATE OF
Type of Candidature	Maharashtra State Candidate - Type A				(6) 12 N/2 1-
	Allotm	ent Details			(K:17)
	State Level Merit Number	er 2815			
	Allotted Choice Coo	le 637281710			
	Allotted Seat Typ				
	Preference N				
eporting Details					
Institut	Poona District Education Associatio	n's Seth Govind Raghunath S	hia Calla		
Tution Fees (₹	25000/-	Tam Sound Ragifullatil Sa			
Development Fees (₹		Admir		637281710-Pharma	aceutics
Other Fees (₹				17-08-2017	
Total Fees (₹		Admiss	ion Type	CAP Round	
Remark	confirmed				
claration by Candidate: I hereb	y agree to conform to rules, acts and la	ws enforced by Government. I h	ereby und	dertake that so long	as I am student o

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. @lankon "

Date:17-08-2017

Place:

! of 1

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 Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy in the year 2017 - 2010 on Vermous) 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 Prin On :17-08-2017 01:46:15 PM

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

URL: http://mpharm17.dtemaharashtra.org/mpharm17/institute

Signature of Institute Officer (6372)
PRINCIPAL

Signature of The Candidate

PUNE DISTRICT EDUCATION ASSOCIATION BY:: 6372 SETH GOVIND RAGHUNATH GREEN, By:6372

TAL, PURANDHAR, DIST, PUNE-412 301

PRINCIPAL

PUNE DISTRICT EDUCATION ASSESS ATION'S SETH GOVING RAGHURATE SABLE COLLEGE OF PHARMACY, SASWAD TAL, PUPALIDHAR, DIST, PUNE, 112301.



#### 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				
	Pers	onal Details		Mode of Admission : Non Sponsored
Full Name	COLTE NIKITA SHRIPATI	enal Details		
Nationality 1		C		
Date of Birth	14-02-1996	Annual Familie Town		5.5
Category-Caste	DPEN	Annual Family Income (₹) 2,0		-2,50,000
Religious Minority/Linguistic Minority	N.A	Applied For EBC No		
PWD Type	lot Applicable			
Type of Candidature	1aharashtra State Candidate - Type	A		Bring -
		ment Details		
	State Level Merit Num	ber 2235		
	Allotted Choice Co	ode 637281710		
	Allotted Seat T	pe GOPENS		
	Preference	No. 1		
eporting Details				
Institute	Poona District Education Associati	on's Seth Govind Raghunath Sable	Colle	ne of Pharmacy Saswad Burn
Tution Fees (₹)	20000/-			637281710-Pharmaceutics
Development Fees (₹)	0/-			17-08-2017
Other Fees (₹)	0/-	Admission		
Total Fees (₹)	20000/-		.,,,	
	confirmed			
claration by Candidate : I hereby	agree to conform to rules, acts and	laws enforced by Government I here	by und	ortako that as lasa T

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

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 Raghupath

Sable College of Pharmacy , Saswad, Pune

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

On :17-08-2017 01:42:31 PM odified On :17-08-2017 01:42:22 PM

URL: http://mpharm17.dtemaharashtra.org/mpharm17/institute

P Signature of Institute Officer (6372)

PUNE DISTRICT EDUCATION ASSOCIATION BY::6372
SETH GOVIND RAGHUNATH SARLE BY:6372
COLLEGE OF PHARMACOASS MENTION BY:6372

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PUNE DISTRICT EDUCATION ASSOCIATIONS SET IN ALL VICTURE RACHIMATER SABLE COLLUTURE SINCE MARKET SASWAD TALL PURE MARKET SUBJECT STREET AT 2011.

:tps://mpharm17.dtemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=MTA1Mg==&rnd=Mw==



## 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

		(iii, Marm.) for the	Vear 2017 - 2018
Application ID: MPH17102599			
	Pe	rsonal Details	Mode of Admission: Non Sponsored
Full Name	DHUMAL DIGVIJAY RAJENDRA		
Nationality	Indian	Campbelly 1	<b>阿拉斯 图 (1981)</b>
Date of Birth	02-10-1995	Gender Male	
Category-Caste	OPEN	Annual Family Income (₹) 15,001	- 50,000
Religious Minority/Linguistic Minority	N.A	Applied For EBC No	
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Ty	pe A	Que
		tment Details	
	State Level Merit Nur		
	Allotted Choice		
	Allotted Seat		
	Preference		
Reporting Details			
Institut	e Poona District Education Associ	ation's Seth Govind Raghunath Sable Co	pliage of Pharmacy Sacred Burn
Tution Fees (	) 20000/-		637281710-Pharmaceutics
Development Fees (く	() 0/-	Admission Date	
Other Fees (₹	0/-	Admission Type	
Total Fees (₹	) 20000/-	Admission Type	CAF ROUTE
Remar	k Reported & Admitted		
he Principal/Director of the institut	by agree to conform to rules, acts and in a manner which may result in come/college will have rights to expel, nent and the undertaking given above.	d laws enforced by Government. I hereby ur pelling the authorities to take disciplinary ac usticate me from the institute, for any infri	dertake that so long as I am student of tion against me. I fully understand that agement, of the rules prescribed by the Signature of The Candidate (DHUMAL DIGVIJAY RAJENDRA)
riace ;			

**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

e College of Pharmacy , Saswad, Pune Ported 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/institut

Faith (6372)

PUNE DISTRICT EDITICATION ASSOCIATION'S
SETH GOVIND RAGHUNATH Princed By::6372
COLLEGE OF PHARMACY STATEMENT BY:6372 porting/abidithelelipterid = NOEwiding = Ma=101

PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RACHUNATH SABLE COLLEGE OF PHARMACY, 3-ASWAD TAL. PURANDHAR, DIST. PURE: 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

(114.14.141)		marmacy (M. Pharm.)	for the	year 2017 - :	2018
PPHIOTEON 12 : MPH17101560					
	Person	al Details		Mode of Admissi	on : Non Sponsored
Full Name	RANDIVE PRAJAKTA SUDHIR				
Nationality	Indian	Const	I		100
Date of Birth	06-08-1995	Annual English			A 20 1
Category-Caste	OPEN	Annual Family Income (く)		1 - 6,00,000	
Religious Minority/Linguistic Minority	N.A	Applied For EBC	No		
	Not Applicable				
Type of Candidature	Maharashtra State Candidate - Type A				200 10
		nt Details			To State 1937
	State Level Merit Number				
	Allotted Choice Code				
	Allotted Seat Type				
	Preference No.				
Reporting Details					
Institut	Poona District Education Association	's Seth Govind Backworth	2.11.5		
Union Fees (₹	) 25000/-	Sectif doving Ragnunath	Sable Co	llege of Pharmac	y , Saswad, Pune
Development Fees (₹	) 0/-	8.411		637281710-Pharm	naceutics
Other Fees (ヾ	0/-			16-08-2017	
Total Fees (ヾ		Admissio	on Type	CAP Round	
Remark	Confirmed				
ine i micipal/Director of the inclining	by agree to conform to rules, acts and laws in a manner which may result in compelling (College will have rights to expel, rustical and the undertaking given above.	s enforced by Government. I h g the authorities to take discipl te me from the institute, for a	ereby und inary act iny infrin	dertake that so longion against me. I fingement of the rule	ully understand that es prescribed by the
Place :			] [ ] [		RAJAKTA 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

Seal of Poona District Education Association's Seth Govind Raghunath

2002 of Pharmacy , Saswad, Pune orted 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

Signature of Institute Officer (6372)

Reported By::6372 Printed By:6372

Last Modified By:6372

URL: http://mpharm17.dlemaharashtra.org/mpharm17/institute\_report.php/institute\_reporting/admitreceipt?id=NjY5&rnd=MQ==

OF PHARMAC

PUNE DISTRICT E DU ATION ASSOCIATION SETH GOVIND RACHUNATH AND COLLEGE OF PHARMACY, ASSUMED OF PHARMACY, SASWALE OF PHARMACY, SASWALE TAL. PURANDHAR, DIST. PUR 1,412301 MANDHAR, 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 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: MPH161015	57			2017		
Personal Details	, ,					
Full Name	POMANE DIPALI SANJAY			•		
Nationality		ian				
Date of Birth	27-07-1994	Gender Fe				
Category-Caste	NT 2 (NT-C) -Shegar	Annual Family Income (₹) 1		50,000		
Religious Minority/Linguistic Minority						
PWD Type	Not Applicable					
Type of Candidature	Maharashtra State Candidate -	Type A		Owner		
Allotment Details		.,,,,		100		
	State Level Merit Num	ber 1543				
	Allotted Choice Co					
	Allotted Seat T			·		
	Preference					
Reporting Details			Δ			
Institut	Saswad, Pune	ociation's Seth Govind Raghur	nath Sa	able College of Pharmacy ,		
Tution Fees (₹	) 0/-	C	Ource	627201710 D		
Development Fees (	) 10737/-			637281710-Pharmaceutics		
Other Fees (₹	Aumission Data 12 no 2017					
▼ Total Fees (₹	) 12637/-	Authission	Type	CAP Round		
Remark	Reported & Admitted					
Declaration by Candidate: It	nereby agree to conform to rules,	acts and laws enforced by Gove	ernment	. I hereby undertake that so long		

ehave 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 of The Candidate POMANE DIPALI SANJAY)

DON

#### 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

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

UNE DISTRICT EDAN "ETH GOVIND Reported By: 6372 ON'S COLLEGE OF Last Modified By:6372/AD Last Modified On :13-08-2016 04:05:41 PM

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitreceipt?id=MTc0OA==86-412 301

Signature of Institute Officer (6372)

PUNE BISTRICT EDUCA SETH GOVING RACHUNATH SABLE COLLEGE OF PHARMACY, & ASWAD TAL. PURANDHAR, DIST. PUR



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

सत्यमव जयत	or order cours	se in Pharmacy (M. Ph	aiii., .	01 (110 )	
Application ID: MPH161004	55				
Personal Details		•			
Full Name	KHATAL SUPRIYA SOPAN				
· Nationality	Indian	Gender			
Date of Birth	08-12-1994	Annual Family Income (₹)	15,001 -	50,000	
Category-Caste	NT 2 (NT-C) -Dhangar	Applied For EBC	No		
Religious Minority/Linguistic Minority	N.A				parlaki
PWD Type	Not Applicable				, ,
Type of Candidature	Maharashtra State Candidate -	Type A			
Allotment Details	•			•	
-	State Level Merit Num	ber 1807			
	Allotted Choice Co				
	Allotted Seat T				
	Preference		v.		•
Reporting Details	Poona District Education Asse	Cayind Pagh	unath S	able College of	Pharmacy,
Institu	Poona District Education Asso Saswad, Pune	ociation's Seth Goving Rose	C-11750	637281710-Pha	armaceutics
Tution Fees (				12-08-2016	
Development Fees (	1000/-	Admissi	ion Date	CAP Round	
Other Fees (	F) 0/-	Admissi	on Type	CAP Round	
	1000/-				
		1 hu Co	nvernmen	t. I hereby und	ertake that so lon
Declaration by Candidate: I as I am student of College/ Ins against me. I fully understand t any infringement of the rules property Date: 13-08-2016	k Reported & Admitted hereby agree to conform to rules, titute, I will not behave in a manne hat the Principal/Director of the ins escribed by the college/institute/un	acts and laws elliotice of a r which may result in compelli titute/college will have rights t iversity/Government and the i	ng the au to expel, undertaki	ng given above.	of The Candidat
Place :		TE LISE ONLY			H BI BI II BBI BI III IBI I

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First 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

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitreceipt?id=MTc1MQ==&412 301

rnd=Mw==

Signature of Institute Officer (6372)

SETH GOVIND RAPPINED BY: 6372LE :OLLEGE OF Last Modified By:6372AD

SETH GOVIND RAGHUNATH SABLE COLLECT OF THARMACY, & ISWAD 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-Conducts Country to the year 2016 - 2017 Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017

सत्यमव जयते	Time Post-Graduate Cou.				
Application ID: MPH1610057	70				
Personal Details	,				
· Full Name	JAGADALE DEEPALI SURYAKANT	Gender	Female		
Nationality	Indian	Annual Family Income (₹)	50,001 - 1	1,00,000	
Date of Birth		Annual Family Income (1) Applied For EBC	Yes		
Category-Caste	OPEN -Open	Applied 10.	1		
				n 10-	State .
DWD Type	Not Applicable	Time A	1		
Type of Candidature	Maharashtra State Candidate	- Туре А			
Allotment Details					
Allocal	State Level Merit Nu	Code 637281710			1
	Allotted Choice	Tuna GOBC		-	
	Allotted Seat	11			
	Preference	e No. 1	4	na loge of Pl	harmacy, .
Details	V	ssociation's Seth Govind Rag	jhunath S	able College	
Reporting Details	Poona District Education A	ssociation 3 des		637281710-Pharn	naceutics
Institu	Saswad, Pune		Course	12-08-2016	
Tution Fees	(₹) 0/-	Admis	sion Date	12-08-2016	
Development Fees	(₹) 1000/-	Admis	sion Type	CAP Round	
Other Fees	(₹) 0/-				, Ma
Tatal Fees	(₹) 1000/-		a maramet	nt. I hereby under	take that sollong
Rem	(₹) 1000/-  ark Reported & Admitted  I hereby agree to conform to rul  astitute, I will not behave in a ma  that the Principal/Director of the  prescribed by the college/institute	es, acts and laws enforced by	elling the a	uthorities to take	the institute, for
protection by Candidate :	I hereby agree to conform to to nstitute, I will not behave in a ma I that the Principal/Director of the prescribed by the college/institute	nner which may result in oright	s to expel,	rusticate inc view	
as I am student of College/ Ir	that the Principal/Director of the	Juniversity/Government and the	ie under tor		
against me. I fully understand	prescribed by the college/institute	.,,			
any infringement of the				Signature of JAGADALE DEEPA	LI SURYAKANT)
Date:13-08-2016					

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First

Very Of This Year Full Time Post-Graduate Course to Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate in **Deciaration by the College/Institute**: we hereby deciate that, we are aumitting 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 Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Of Two Year Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Of Two Year Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in Year Pharmacy (M. Pharm.) for the year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 2016 - 2017 on year 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.

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

Last Modified On: 13-08-2016 04:10:20 PM

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitreceipt?id=MTc2Mg==&

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Signature of Institute Officer (6372) TUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RAReported By: :6372LE SETH GOVINU RAREPRINTED BY:6377AD
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PUNE DISTRICT EDUCATION ASSOC SETH GOVIND RAGHUNATH SABLE COLLECT OF CARMACY, 3 SWAD 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.

सत्यमेव जयते 💮 🕶 स्थानिक	mie Posi	t-Graduate Cours	36 111 1	marriacy (***			
Application ID: MPH1610056	59						
Personal Details		*					
Full Name	JAMKAR KAI	NCHAN SHIVRAJ		Gender	Fomale		
Nationality	Indian			Gender	FO 001 - 1	1.00,000	-
Date of Birth			Annual	Family Income (₹)	No.		The second second
Category-Caste	SC -Mahar			Applied For EBC	110		
Religious Minority/Linguistic Minority				-	-		Sport
DWD Type	Not Applicat	ble					
Type of Candidature	Maharasht	ra State Candidate -	- Type A				
Allotment Details							
Another	S	tate Level Merit Nun	mber 24.	7281710			
		Allotted Choice C	Code 63	7201710			
		Allotted Seat	Type GS			·	
		Preference	e No. 4		jo		of ObarmaCV (
		Preference District Education Ass		Cavind Rag	hunath S	able College	of Pharmery
Reporting Details	T= F	District Education As	sociatio	n's Seth Govillo 11-3		71710	pharmaceutics
	Saswad	Pune			Course	637281710-	Pharmaceutics
1				Admis	cion Date	12-08-2016	
Tution Fees (	7)07			Admiss	sion Type	CAP Round	
Development Fees (	3) 10/3//-			Aumst			
Other Fees	( ) 1900/-						that so long
	プント1つ637/-			1 bir	Covernmen	nt. I hereby u	indertake that so is in
Rema	rk Reported	d & Admitted	es, acts a	and laws enforced by	lling the a	uthorities to	from the institute, for
Other Fees ( Total Fees ( Rema Declaration by Candidate: as I am student of College/ In against me. I fully understand	I hereby agr stitute, I will	ree to conform to have I not behave in a manincipal/Director of the incipal/Director of the incipal/Di	ner which institute/ /universit	h may result in comp college will have rights y/Government and the	s to expel, e undertak	king given abo	ve.
against me. I fully understand	rescribed by	the college/institute/				Signatu	re of The Candidat

Date:13-08-2016

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Vear Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on Verification of Candidate Course In Pharmacy (M. Pharm.) **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 the presence of the Candidate.

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

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URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitreceipt?id=MTc3Mg==8

rnd=MQ==

Signature of Institute Officer (6372)

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SETH GOVIND RAGHUM 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 Pha

plication ID: MPH161022	91			
ersonal Details				
Full Name	PISAL POOJA SUNIL			
Nationality	Indian	Gender	Female	50,000
Date of Birth	02-01-1995	Annual Family Income (₹)	15,001 -	50,000
Category-Caste	OPEN -Open	Applied For EBC	Yes	
Religious Iinority/Linguistic Minority	N.A			gunisal
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate	- Түре А		
Allotment Details				
	State Level Merit Nu	Gada 637282210		
	Allotted Choice	Code 637282210		
	Allotted Seat	co No 1		
	Preferenc	te nor	<b>)</b>	ble College of Pharmacy,
Reporting Details	The Education A	ssociation's Seth Govind Rag	hunath 5	apic dumb .
Institu	Poona District Education Fu	Poona District Education Association's Seth Govind Rag Saswad, Pune		637282210-Pharmacutical
			Course	Chemistry
Tution Fees	(₹) 10000/-	Admis	sion Date	12-08-2016
Development Fees	(₹) 0/-	Admiss	ion Type	CAP Round
Total Fees	(₹) 10000/-		mer	of I hereby undertake that so I
Rem Declaration by Candidate: as I am student of College/ In against me. I fully understand any infringement of the rules Date:13-08-2016	(₹)   10000/-   10000/-   10000/	les, acts and laws enforced by ( nner which may result in compe institute/college will have rights /university/Government and the	andertak	rusticate me from the institute, ing given above.  Signature of The Candid (PISAL POOJA SUNI
place:	•			to our College / Institute for 017 on verification of Candida ssion of Candidate is confirme

**Declaration by the College/Institute**: we hereby declare that, we are admitting this Candidate to of Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 of Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Confirmed in Interest In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Confirmed in Interest In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Course In Pharmacy (M. Pha

Seal of Poona District Education Association's Seth Govind Seal of Poona District Education Association's Seth Go Raghunath Sable College of Pharmacy , Saswad, Pune Reported On:13-08-2016 04:25:25 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==&

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PUNE DISTRICT EDUCATION ASSOCI SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, & ASWAD

TAL. PURANDHAR, DIST. PUN 1 - 412301.

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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

सत्यमव जयत						
pplication ID: MPH1610137	72					
Personal Details						
Full Name	SHEN	DKAR HARSHA BALASAHEB		Gender	Female	
Nationality	Indian	1		d Family Income (₹)	50 001 - 1,	00,000
. Date of Birth	17-0	5-1994	Annua	al Family Income (\)	No.	
Category-Caste				Applied For EBC		
Religious Minority/Linguistic Minority	N.A			<del></del>		- July
- Time	MAL	Applicable	Tuno	Λ		
Type of Candidature	Mat	narashtra State Candidate	- Type			
Allotment Details						
Allotti		State Level Merit Nu Allotted Choice	Code	37282210		
		Allotted Choice Allotted Seat	Type	SOPEN		
			No	1		
		Poona District Education A	ce ito.		)	No College of Pharmacy,
Reporting Details			ccociat	ion's Seth Govind Ra	ghunath Sa	The Concy
	ituto	Poona District Education A	(5500.00			637282210-Pharmacutical
		Saswad, 1 22			Conise	Chemistry
Tution Fee	s (₹)	10000/-		Adm	ission Date	12-08-2016
Tutton 1 o		0/-		Admi	ssion Type	CAP Round
Development Fe	25 (1)	0/-				1
Other Fe	es (丶)	10/-				andertake that so long
Total Fe	es (₹)	10000/-		Llaws enforced b	y Governme	nt. I hereby undertaken
R	emarl	Reported & Administration to r	ules, ac	ts and laws emotions	pelling the a	rusticate me from the institute, for
Declaration by Candidat as I am student of College as I am I fully underst	e: I f :/ Inst and th	nereby agree to conform to reitute, I will not behave in a mand the Principal/Director of the the Principal/Director of the escribed by the college/institu	nanner v ne institu ite/unive	ute/college will have rigitersity/Government and		nt. I hereby undertake that so long unthorities to take disciplinary action rusticate me from the institute, for king given above.  Signature of The Candidate
any infringement of the ru	ies pri	RPCLINES 21			1111	Signature of the Callotte SHENDKAR HARSHA BALASAHEB)
Date:13-08-2016					1111	B     B    B    B           B    B

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First

Very Of This Post Conducts Course in Pharmacy (M. Pharm.) for the year 2015 - 2017 on verification of Conducts in the year of This Post Conducts Course in Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Conducts in the year of This Post Conducts Course in Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Conducts in the year of This Post Conducts in the year of the year 2016 - 2017 on verification of Conducts in the year of th **Declaration by the College/Institute**: we nereby 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 Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate is confirmed in this receipt. We also declare that the admission of Candidate is confirmed in this receipt. Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Confirmed in Interest Course of 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. PUNE Signature of Institute Officer (6372)

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

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitreceipt?ld=MTgyNA==&

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SETH GOVIND RAGIREPORTED BY: 6372

COLLEGE OF PHARM Printed By:6372

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PUNE DISTRICT EDUCATION ASSE SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, 345WAD TAL. PURANDHAR, DIST. PUN ! . 412301.

13/08/2016 4.26 DNA



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: MPH161005	70					
Personal Details						
· Full Name	JAGADALE DEEPALI SURYAKANT			State of the state of the		
Nationality	Indian	Gender Fe	emale			
Date of Birth	24-02-1994	Annual Family Income (₹) 50		00,000		
Category-Caste		Applied For EBC Ye		50,000		
Religious Minority/Linguistic Minority	N.A	A V				
PWD Type	Not Applicable			in loo		
Type of Candidature	Maharashtra State Candidate - 1	<b>Туре A</b>	14	A Comment		
Allotment Details				The set of the first to for said		
	State Level Merit Numb	er 1966				
	Allotted Choice Co	de 637281710				
	Allotted Seat Ty	pe GOBC				
¥ y	Preference N	o. 1	· ·			
Reporting Details						
Institut	Poona District Education Association Saswad, Pune	ciation's Seth Govind Raghun	ath Sable	College of Pharmacy ,		
Tution Fees (₹	) 0/-	Co	urse 637	281710-Pharmaceutics		
Development Fees (₹	1000/-	Admission	Date 12-0	08-2016		
. Other Fees (₹	0/-	Admission 1	Type CAP	Round		
Total Fees (₹	1000/-	•				
Remark	Reported & Admitted					
eclaration by Candidate : I h	ereby agree to conform to rules, a	cts and laws enforced by Gover	nment. I h	nereby 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:

AGADALE DEEPALI SURYAKANT)

#### **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==

Signature of Institute Officer (6372) JUNE DISTRICT EDUCATION ASSOCIATION'S SETH GOVIND RARSPRITER BY: BABLE COLLEGE OF PHARRING BY STAD TAL PHONES Last Modified BY 192301.

PUNE DISTRICT PSUCATION AS SETH GOVIND RACHUNAT COLLEGE OF PHARMACY SASWAD

TAL, PUR WOOL, R. DIST, PUNG. 412301.



State Common Entrance Test Cell, Maharashtra State, Mumbal 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 : MPH161004	58				-		
Personal Details							
Full Name	KHATAL SUPRIYA SOPAN						
Nationality	Indian						
Date of Birth	08-12-1994	Gender Annual Family Income $(oldsymbol{\zeta})$	- 膜形 <b>(A)</b> [ [				
Category-Caste	NT 2 (NT-C) -Dhangar	Applied For EBC		30,000			
Religious Ainority/Linguistic Minority	N.A	The state of the s					
PWD Type	Not Applicable				produl		
Type of Candidature	Maharashtra State Candidate -	Type A			- ST. W.		
illotment Details	,				the real feature is		
	State Level Merit Numi	er 1807		•			
	Allotted Choice Co	de 637281710					
	Allotted Seat Ty	pe GOPEN					
1	Preference f	10. 1					
eporting Details			1	-			
Institute	Poona District Education Asso Saswad, Pune	clation's Seth Govind Ragh	unath S	able College o	of Pharmacy ,		
Tution Fees (₹	0/-		Course	637281710-PI	narmaceutics		
Development Fees (く	1000/-		THE RESERVE OF THE PARTY OF THE	Street, or other property and the second			
Other Fees (₹	0/-		Admission Date 12-08-2016 Admission Type CAP Round				
, Total Fees (रैं)	1000/-						
Remark	Reported & Admitted	THE PARTY OF THE P			,		
claration by Candidate : I h I am student of College/ Insti	ereby agree to conform to rules, a cute, I will not behave in a manner	cts and laws enforced by Go which may result in compelling	vernmen	it. I hereby und	dertake that so lon		

against me. I fully understand that the Principal/Director of the institute/college will have rights to exper, to ex against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for

Date:13-08-2016

Signature of The Candidate 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 Printed On :13-08-2016 04:07:15 PM Last Modified On :13-08-2016 04:07:12 PM

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Signature Philiphiliphing (6372)

UNE DISTRICT TOUCATION ASSOCIATION'S SETH GOVIND RAGEINARD WISSANDLE OLLEGE OF THANDING BASWAD

E DISTRICT EDUCATION ASSOC SETH GOVIND RACHUNATH SABLE COLLEGE STALL " ... M. CY, BASWAD



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: MPH161005	69			
Personal Details			,	
Full Name	JAMKAR KANCHAN SHIVRAJ			TOTAL STEEL
Nationality	Indian	Gender Fem	nale	S VAA 22
Date of Birth	11-02-1992	Annual Family Income (₹) 50,0	001 - 1,00,000	
Category-Caste	SC -Mahar	Applied For EBC No		<b>经营销</b>
. Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			Sojor
Type of Candidature	Maharashtra State Candidate -	Туре А		3
Allotment Details				
	State Level Merit Nun	nber 2432		
	Allotted Choice C	ode 637281710		4
	Allotted Seat 1	ype GSC		
	Preference	No. 4		
Reporting Details				
· Institu	Poona District Education Ass Saswad, Pune	ociation's Seth Govind Raghuna	ath Sable College o	of Pharmacy ,
Tution Fees (	() 0/-	Co	urse 637281710-Ph	narmaceutics
Development Fees (	() 10737/-	Admission	Date 12-08-2016	11.41 9
Other Fees (	1900/-	Admission 1	Type CAP Round	
Total Fees (	12637/-		•	
Remar	k Reported & Admitted			*.
Declaration by Candidate : I	hereby agree to conform to rules	acts and laws enforced by Govern	nment. I hereby un	dertake that so long

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:

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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=Mit3Mg\_E&123
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Signatur Pot Institute Officer (6372)

Signature of The Candidate

PUNE DISTRICT EDHCATION ASSOCIATION'S
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PRINCIPAL

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

12/00/2016 A.12 DAA



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: MPH161013	72	, , , , , , , , , , , , , , , , , , ,	,,,,,,	or the year	2016 - 2017
Personal Details					
Full Name	SHENDKAR HARSHA BALASAHEB				
Nationality	Indian				200
Date of Birth	17-05-1994	Gender F	Female		44
Category-Caste	OPEN -Open	Annual Family Income (₹)	50,001 -	1,00,000	
Religious Minority/Linguistic Minority		Applied For EBC	Vo		
	Not Applicable				Creation To
Type of Candidature	Maharashtra State Candidate - 1	VDE A			Just _
Allotment Details		, pe n			P
	State Level Merit Numb	er 2110			
	Allotted Choice Co				
	Allotted Seat Ty				
	Preference N				
Reporting Details					
Institute	Poona District Education Association Saswad, Pune	iation's Seth Govind Raghu	ınath S	able College o	f Pharmacy ,
Tution Fees (₹			Course	637282210-Ph Chemistry	armacutical
Development Fees (₹		Admissio		12-08-2016	
Other Fees (₹	0/-				
Total Fees (₹)	10000/-	Autilission	Type	CAP Round	
Remark	Reported & Admitted				2
eclaration by Candidate: I h	ereby agree to conform to rules, a	rts and laws enforced by C-			

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

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

TAL. PURANDHAR. CISTMOGREGIEV: EST2 URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitreceipt?id=MTgyNA==&

PRINCEPAL PUNE SERVICE (6372) SETH GOVIND RAGHED ATH BARSE COLLEGE OF PHARMAPPINGE AS \$ 6312

SETH GOVIND RAGNUNATH 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 : MPH161022	91				(
Personal Details					
Full Name	PISAL POOJA SUNIL				The state of the s
Nationality	Indian	Gender	Female		
Date of Birth	02-01-1995	Annual Family Income (₹)	15,001 -	50,000	
Category-Caste	OPEN -Open	Applied For EBC			
Religious Minority/Linguistic Minority	N.A				7/25
PWD Type	Not Applicable				aurisal
. Type of Candidature	Maharashtra State Candidate -	Type A		*	13.
Allotment Details					
	' State Level Merit Nun	nber 1810			
	Allotted Choice C	ode 637282210			
•	Allotted Seat T	ype GOPEN .		•	
	Preference	No. 1			
Reporting Details					
Institut	Poona District Education Ass Saswad, Pune	ociation's Seth Govind Rag	hunath S	able College	of Pharmacy ,
Tution Fees (	10000/-	7	Course	637282210-P Chemistry	harmacutical
Development Fees (	0/-	Admiss	sion Date	12-08-2016	
Other Fees (	·	Admiss	ion Type	CAP Round	
Total Fees (					
Domar	k Reported & Admitted				

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:

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 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==

Signature of Institute Officer (6372)

SETH GOVIND FREPORTED BY: GOLLEGE OF PHAPrinted Py 6372
TAL. PURANDHAR HOSPIFE AV 5322
ting/admitreceipt?id=MTgxNw==&

The Candidate POOJA SUNIL)

PRINCIP

PUNE DISTRICT EDUCATION SETH GOVIND RAGHUNATH I COLLEGE OF PHARMACY, SASWAD TAL PURANDHAR, DIST. PUN

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 1 Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017

			-	,	-UZU ZUI/
Application ID: MPH161025	569				- lucione de la company
Personal Details					·
Full Name	LONKAR BHAKTI KUNDLIK	·			100
Nationality		Gender F	Eomala		ACT ACT
Date of Birth	22-10-1994	Annual Family Income (₹)		1 2 00 000	
Category-Caste	OBC -Mali	Applied For EBC		1 - 3,00,000	
Religious Minority/Linguistic Minority		opposed for EBC	10		
PWD Type	Not Applicable				The state of
Type of Candidature	Maharashtra State Candidate	Type A			Bonton
Allotment Details					· 图像是一个
	State Level Merit Nun	nber 921			
	· Allotted Choice C				
	. Allotted Seat 1				-
•	Preference			-	
Reporting Details					
Institut	Poona District Education Ass Saswad, Pune	ociation's Seth Govind Raghu	nath S	able College	of Pharmacy ,
Tution Fees (₹	10000/-		OUTSA	637282110-P	harmacology
Development Fees (₹	5) 0/-			12-08-2016	патпафюду
Other Fees (₹	f) 0/-				•)
Total Fees (₹		Admission	туре	CAP Round	
	k Reported & Admitted				1 - 1
eclaration by Candidate : I t	pereby agree to seeferm to miles				

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

Signature of The Candidate

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

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==&

PRINCEPAIRE (6372) TH GOVIND RAREHOHAT BY ABLE DLLEGE OF PHARMEHOTE OBY 5373

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SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, 3 SWAD TAL, PURANDHAR, DIST. PULL - 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 : MPH161015	557			,	
Personal. Details					
Full Name	POMANE DIPALI SANJAY				
Nationality	Indian	Gender	Female		The state of
Date of Birth	27-07-1994	Annual Family Income (₹)		- 50.000	
Category-Caste	NT 2 (NT-C) -Shegar	Applied For EBC		30,000	- MATA
Religious Minority/Linguistic Minority	N.A		740		
PWD Type	Not Applicable				a facilities
Type of Candidature	Maharashtra State Candidate -	Type A		•	Dom.
Allotment Details					- 1 Au V 3 C 20 20 4
	State Level Merit Numb	per 1543		-	
•	Allotted Choice Co	de 637281710			
	Allotted Seat Ty	pe GOPEN			
	Preference N	lo. 1			
eporting Details				-	
Institute	Poona District Education Asso Saswad, Pune	ciation's Seth Govind Raght	ınath S	able College o	f Pharmacy ,
Tution Fees (₹	0/-		Course	637281710-Ph	armaceutics
Development Fees (₹)	10737/-			12-08-2016	
Other Fees (₹)	1900/-			CAP Round	
Total Fees (₹)	12637/-		7,5-0		
. Remark	Reported & Admitted				
claration by Candidate . Th					1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ididate: 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:

INSTITUTE USE ONLY

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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

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URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute\_report.php/institute\_reporting/admitrecelpt:70=MR60A=38E-412 301 rnd=MQ==

Signature of institute officer (6372)

PUNE DISTRICT EDUCATION A SOCIATION'S
SETH GOVIND REPORTED BY 639 TION'S COLLEGE OF PHAPINGER BY 6372 BLE

SETH GOVIND RAGHUNATH SABLE

COLLEGE OF PHARMACY, \$45WAD

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

The state of the s			- 2016		
Application ID : MPH1	103361	Sponso	rship Status : N	lon Sponsor	ed
Application 10 : HITTE	T Candidate				
GPAT Status : Non GPA	Candidate				
Personal Details	THE STANFIL CHRIV	ANT			Sign Trans
	NIGADE AVINASH SHRIK	1	Gender	Male	
Nationality	Indian	-			
Date of Birth	20-05-1994		Annual Family Income (₹)	2,50,000	
Category-Caste	OPEN	A	pplied For EBC	No	Mysle
PWD Type	Not Applicable	Not Applicable			
Type of Candidature	Maharashtra State Car	ndidate -	Туре А		
Allotment Details					
	State Level Merit				
State	e Level Category Merit	Number	-		
	Allotted Choi	ce Code	637281710		
<u></u>	Allotted Se	at Type	NA		
eporting Details					
Institute Na	me Seth Govind Raghu	nath Sab	le College of P	harmacy , S	aswad, Pune
Tution Fees			,	ourse Maine	Filalinaccuties (Comp.
			Adm	ission Date	01-07-2015
Development Fees					CAP Round-I
Other Fees				Remark	Reported & Admitted
Total Fees	(₹) 25000/-	- to rulo	s acts and laws e	nforced by Go	overnment. I hereby underta

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 :

INSTITUTE USE ONLY

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. 17 F1 CO-

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/in

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Signature of Institute Officer (6372)

Signature of The Candidate

NIĞADE AVINABH SHRIKANT)

PRIM Reported By::6372 PUNE DISTRICT EDUCATION AS& BY STEN'S SETH GOVINO BACMBAIRED BYSSAFLE thitrecent Harris 10% Plantamo Y; SASWAD TAL. PURANDHAR, DIST. PUNE-412 301

COLLEGE OF PHARMACY, SASWAD TAL PURANDHAR, DIST. PUR

http://mpharm15.dtemaharashtra.org/mpharm15/institute\_report.php/institute\_reporting/adm/trecelpt?id=MTUyOQ==&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 : MPH15103361		rship Status : N	lon Sponsor	ed
NIGADE AVINASH SHRIK	CANT			
Indian				
20-05-1994		Annual Family Income (₹)	2,00,001 - 2,50,000	
OPEN	А	pplied For EBC	No	- MASKES
Not Applicable				- Khale
Maharashtra State Ca	ndidate -	Type A		
State Level Merit	Number	1191		
Allotted Cho	ice Code	637281710		
Allotted S	eat Type	NA		
Cath Cowind Pach	ınath Sab	le College of Pl	harmacy , S	aswad, Pune
mejseth Govina Ragnt	10000			
		, Co		Pharmaceutics (81710)
me Seth Govind Ragnu (₹) 25000/- (₹) 0/-		, Co	ission Date	01-07-2015
(₹) 25000/-		, Co	ission Date ission Type	
	NIGADE AVINASH SHRIM Indian 20-05-1994 OPEN Not Applicable Maharashtra State Ca  State Level Merit Level Category Merit Allotted Cho	NIGADE AVINASH SHRIKANT Indian 20-05-1994  OPEN ANOt Applicable Maharashtra State Candidate -  State Level Merit Number Level Category Merit Number Allotted Choice Code Allotted Seat Type	NIGADE AVINASH SHRIKANT Indian Gender 20-05-1994 Annual Family Income (₹) OPEN Applied For EBC Not Applicable Maharashtra State Candidate - Type A  State Level Merit Number Level Category Merit Number Allotted Choice Code Allotted Seat Type NA	Sponsorship Status: Non Sponsor Candidate  NIGADE AVINASH SHRIKANT Indian  Gender 20-05-1994  Annual Family Income (₹) 2,50,000  OPEN  Applied For EBC  No  Not Applicable  Maharashtra State Candidate - Type A  State Level Merit Number Level Category Merit Number Allotted Choice Code  637281710

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 :

**INSTITUTE USE ONLY** 

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/inettive

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Signature of Institute Officer (6372)

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PTC M Reported By::6372 PUNE DISTRICT ECHICATION ME3 18 9-68 22 IN SETH GOVINO 8-16 MUJIMA BYSATZLE COPPIN ችጥር 2018 PLENTUR MOY; SASWAD TAL. PURANDHAR, DIST. PUNE-412 301

P, chaver

Signature of The Candidate NIGADE AVINASH SHRIKANT)

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

http://mpharm15.dtemaharashtra.org/mpharm15/institute\_report.php/institute\_reporting/admjtreceipt?id=MTUyOQ==&rnd=MQ==



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

Marie Marie			- 2016		+
Application ID: MPH1!	103255	Sponso	orship Status: N	lon Sponso	red
GPAT Status : Non GPA	r Candidate				
Personal Details					
Full Name	DHENDE AARTI ASHOK				and the second s
Nationality	Indian		Gender	Female	•
Date of Birth	06-06-1993		Annual Family Income (₹)	< 1,00,000	
Category-Caste	SC -Mahar	A	pplied For EBC	No	
PWD <sup>-</sup> Type	Not Applicable				Panda
Type of Candidature	Maharashtra State Can	didate -	Туре А		Hindrac
Allotment Details					
	State Level Merit	Number	3077		
State	Level Category Merit	Number			
	Allotted Choice	ce Code	637281710		
	Allotted Se	at Type	SCST		•
Reporting Details					
Institute Na	ne Seth Govind Raghur	nath Sab	le College of Ph	narmacy , S	aswad, Pune
Tution Fees	(₹) 0/-		Co	urse Name	Pharmaceutics (81710)
Development Fees	(₹) 8498/-		Admi	ission Date	01-07-2015
Other Fees	(₹) 0/-		Admi	ssion Type	CAP Round-I
Total Fees	(₹) 8498/-			Remark	Reported & Admitted
eclaration by Candidate	I horoby agree to conform	n to rules	acts and laws or	aforced by Co	vernment I hereby undertake

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:

Signature of The Candidate

INSTITUTE USE ONLY

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Seal of Seth Govind Raghunath Sable College of Pharmacy, Saswad, Pune

Reported On:03-07-2015 11:03:25 AM Printed On: 03-07-2015 11:03:28 AM Last Modified On:03-07-2015 11:03:25 AM

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Signature of Institute Officer (6372)

PICE TO Reported By::6372
PUNE DISTRICT COLICATION ARE BY SECTION S SETH GOVINO BARMUMATEVSCHELE ENGINE SASWAD

TAL. PURANDHAR, DIST. PUNE-412 301

SETH GOVIND RAGI COLLEGE OF PHARMACY, BASWAD TAL, PURAMDHAR, DIST. PUME - 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

The same	,	- 2016		, , , , , , , , , , , , , , , , , , , ,
Application ID: MPH1!	5103081	Sponsorship Status : I	Non Sponso	red
GPAT Status : Non GPA	T Candidate	,		
Personal Details				
Full Name	JATAK TEJASWI DADASAH	fEB ₊		100 Table 100 100 100 100 100 100 100 100 100 10
Nationality	Indian	Gender	Female	-
Date of Birth	26-07-1993	Annual Family Income (₹)	< 1,00,000	
Category-Caste	OPEN	Applied For EBC	Yes	<b>基品</b>
PWD Type	Not Applicable			6 1 1
Type of Candidature	Maharashtra State Cand	lidate - Type A		- Jakoli
Allotment Details				
	State Level Merit N	umber 898		
→ State	Level Category Merit N	umber -		
	Allotted Choic	e Code 637281710		
A. Comment	Allotted Sea	t Type NH		
Reporting Details				
Institute Nai	me Seth Govind Raghun	ath Sable College of Ph	armacy , S	aswad, Pune
Tution Fees		Co	urse Name	Pharmaceutics (81710)
Development Fees	(₹) 0/-	- Admi	ssion Date	02-07-2015
Other Fees	(₹) 0/-	Admi	ssion Type	ČAP Round-I
Total Fees			Remark	Reported & Admitted
at so long as I am stu	dent of College/ Institute,	I will not behave in a m	nanner which	overnment. I hereby undertak may result in compelling th ctor of the institute/college wi

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:

ture)of The Candidate TEJASWI DADASAHEB)

INSTITUTE USE ONLY

eclaration 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

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Signature of Institute Officer (6372)

Reported By::6372 PUNE DISTRICT EDUCATION AS BY LEGIZAL'S SETH GOVINO BAGMBBIRBOTEVERTELE

Instritrecential TATE TOTAL PHENTINE MOY; SASWAD TAL. PURANDHAR, DIST. PUNE-412 301

COLLEGE OF PHARMACY 34 SWAD TAL, PURAPOHAR, DIST PUNCE 412301.

ttp://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

- All was a soul fill		- 2016		•
Application ID: MPH1	pplication ID: MPH15103234 Sponsorship Status: Non Sponsored			
GPAT Status : Non GPA	T Candidate	,		*
Personal Details				
Full Name	KHATATE POOJA BALAS	SAHEB		•
Nationality	Indian	Gender	Female	
Date of Birth	20-12-1993	Annual Family Income (₹)	< 1,00,000	
Category-Caste	OPEN	Applied For EBC		
PWD Type	Not Applicable			
Type of Candidature	didature Maharashtra State Candidate - Type A			

Allotment Details

State Level Merit Number 1113 State Level Category Merit Number

Allotted Choice Code 637281710

Allotted Seat Type NH

	Anotteu Seat Type	NU	
Reporting Details			
Institute Name	Seth Govind Raghunath Sab	le College of Pharmacy , S	aswad, Pune
Tution Fees (₹)	25000/-		Pharmaceutics (81710)
Development Fees (₹)	0/-	. Admission Date	
Other Fees (₹)	,	Admission Type	CAP Round-I
Total Fees (₹)		Remark	Reported & Admitted
Declaration by Candidate: I h	nereby agree to conform to rules	acts and laur enforced by Co	November 7 have been dealer

s 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:

ure of The Candidate HATATE POOJA BALASAHEB)

**INSTITUTE USE ONLY** 

eclaration 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/inst d=MTUyOA==&rnd=MQ==

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Signature of Institute Officer (6372)

PRESIDENT STATES PUNE DISTRICT COLOR TOPHCHE PROPERTY STATES SETH GOVINO BARMBAIRED BY SET TOLE nitrecentlyd与有有多数早半的品供用的子,SASWAD TAL. PURANDHAR, DIST. PUNE-412 301

SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY BASWAD TAL PURAMOHAR, DIST. PUAZ - 412301.

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