



Form Sr. No.

Oriental Education Society's

ORIENTAL COLLEGE OF PHARMACY

Plot No.3,4,5 Sector No.2, Near Sanpada Railway Station, Sanpada (w), Navi Mumbai-400 705.

TEL NO: 27758715/27752213/27751116 FAX NO: 022-27757159

(Approved by All India Council For Technical Education, New Delhi & Pharmacy Council of India,
Govt. of Maharashtra & Affiliated to University of Mumbai)

(ISO 9001 : 2008 Certified)

Email: admin.ocp@oes.ac.in

Website: www.oes.ac.in

[DTE CODE NO: PH 3231]

[UNIVERSITY CODE NO: 694]

LINGUISTICS MINORITY (HINDI) COLLEGE**ADMISSION APPLICATION FORM FOR
MASTER OF PHARMACY**

Academic Year : _____

PHOTO

To,
The Principal
Oriental College of Pharmacy,
Plot No. 3,4,5, Sector-2, Adj. to Sanpada Railway Station,
Sanpada (W), Navi Mumbai-400 705.

Respected Sir/Madam,

I wish to register myself for the admission to first /second year Bachelor of Pharmacy for this academic year. I am aware of the eligibility requirements of AICTE and promise to fulfill these conditions. I have enclosed herewith all attested copies of my certificates in support of my application.

NAME

| Last Name | First Name | Father/Husband's Name |
|-----------|------------|-----------------------|
| | | |

PAN Card No. _____ Gender: _____ Male ☐ Female ☐Date of Birth: Blood Group: _____ Aadhar Card No. _____
DD MM YYYY

Identification Mark on Body: _____

Nationality _____ Domicile _____

Residential Address: _____

City: _____ State: _____ Pin code: _____

Permanent Address: _____

Tel. No. _____ Cell No. _____ E-mail: _____

Category

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Open | SC | ST | OBC | VJ | DT | NT1 | NT2 | NT3 | Hindi Speaking Minority | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physically Handicapped Yes ☐ No ☐

Major Illness if any: _____

Marital Status Married ☐ Unmarried ☐

Category of Vacancy Applied for

Home University ☐ Other University Area Candidate ☐ Outside Maharashtra ☐

Entrance Test Score Obtained _____ Out of _____

Academic Qualification

| Examination | Board /Name of University | Month & Year of Passing | Marks Obtained (%) | Class |
|--------------------|---------------------------|-------------------------|--------------------|-------|
| D.Pharm final year | | | | |
| F.Y. B.Pharm | | | | |
| S.Y. B.Pharm | | | | |
| T.Y. B.Pharm | | | | |
| Final Year B.Pharm | | | | |
| Any Other | | | | |

G-PAT/MH-CET Score and Year of Passing _____

Experience (Separate sheet may be attached)

| Organization /Company | Designation | From | To | Experience (years) |
|-----------------------|-------------|------|----|--------------------|
| | | | | |
| | | | | |

Extra Curricular Activities (Indicate Achievements and Awards of any)

Student's Goal for Self

Student's Goal for the Institute

Why the student has chosen this Institute?

Details of Father/Husband

Name of Father _____ PAN No. _____

Occupation _____ Designation _____

Office Address _____

City _____ State _____ Pin Code _____

Approx Annual Income (In figure) Rs. _____ (In words) Rs. _____

Tel. No. _____ Cell No. _____ E-mail: _____

Details of Mother

Name of Father _____ PAN No. _____

Occupation _____ Designation _____

Office Address _____

City _____ State _____ Pin Code _____

Approx Annual Income (In figure) Rs. _____ (In words) Rs. _____

Tel. No. _____ Cell No. _____ E-mail: _____

Name, Address, contact details & Profession of any two respectable persons for reference

- | | |
|---------|------------|
| 1. Name | Cell No. |
| Address | Profession |
| 2. Name | Cell No. |
| Address | Profession |

FOR OFFICE USE ONLY

Admission Status _____ Fee Receipt No. _____

Principal _____ T.C. No. _____

Roll No. _____ Minority Quota _____

Date: _____ Management Quota _____

Vacancy Against CAP _____

GENERAL RULES & REGULATION

On the first day of college, the student has to attend orientation programme with his/her parent so as to get detailed information of college and course.

Importantly the ward has to sign the Undertaking in presence of parents framed by the college comprising of Rules and Regulations of the University and college.

The student is required to reach the college before half an hour. He/she can not leave the college before time as given in the regular time table. Identity card is compulsory to carry everyday without which the student will not get entry into the college. If any student damages property of college then he/she will be penalized by disciplinary committee of the college.

Dress Code : For Girls, dress above knee and singlet is not allowed.

RULES CONCERNING ADMISSION

A student seeking admission to the college shall have to present himself / herself along with an application form duly filled in and signed in and signed by his/her parent / guardian for an interview with the Principal.

A student once admitted to the college will be considered as duly enrolled for the academic year and he/she shall be liable to pay the full fees for one year.

In case of cancellation of admission, the rules of D.T.E., Maharashtra shall be followed regarding refund of fees etc.

List of documents to be attached with the application:

- B.Pharmacy mark lists (First, Second, Third & Final Year)
- G-PAT/MH-CET Score card
- College Leaving/Transfer certificate
- Birth Certificate
- Caste certificate (if applicable)
- Non-Creamy layer certificate (if applicable)
- Any other documents required for claiming admission in the reservation category
- Provisional eligibility certificate given by University of Mumbai to students from other Universities
- Five Xerox copies of each Mark Sheet and Certificate along with the original Mark Sheet and Certificates
- Five recent passport size photographs.

Any student wish to cancel his/her admission in any semester will have to pay the tuition fees for the balance semesters.

UNDERTAKING

I the undersigned state that I will abide by the rules & regulation of Oriental College of Pharmacy, Sanpada, Navi Mumbai and I undertake to obey the following instruction, failing which I will be penalized as mentioned.

Attendance

If fail to attend 85% Theory and Practical Classes then I will be penalized in the form of detention from periodic Theory and practical examination and the undersigned will be solely responsible for any consequences which may be in the form of detention by the University.

In any medical case, if health problem exists, I will any how attend 75% Theory and practical classes. So for this 5% relaxation I will produce a proper Medical certificate issued by Medical officer having minimum MBBS degree.

Periodic Exams.

If I fail to appear for any Periodic Theory or Practical Examination, I will not demand/ request for any reperiodic exam.

Mobile Phones:

I will not use mobile phones in the college premises in any circumstance, if I found using mobile phone by college Authorities I will surrender the instrument and will be penalized as per rules of Oriental college of Pharmacy.

Ragging:

I will not indulge directly or indirectly behavior or act that may come under definition of ragging and will not participate of propagate in any form if found guilty of any aspect of ragging. I may be panalized as per the provision of UGC regulations or law in force.

I herewith sign the Undertaking in presence of my parent with his / her kind Co-signature.

Name and Signature of the student :
Year :
Class :
Semester :
Name and Signature of Father/Mother/Spouse :
Date :

DECLARATION

I _____ S/o or D/o or W/o _____
declare in presence of my parents/ spouse that I read ' Admission application form for Bachelor of Pharmacy' thoroughly and carefully and all the filled in statements given in this application form are true to the best of my knowledge. I understand that if any of the statement found wrong my admission will be cancelled. If admitted, I will abide by the rule and regulations in force in Oriental College of Pharmacy.

| Sr. No | Name | Signature |
|--------|------------------------|-----------|
| 1. | Name of Applicant | |
| 2. | Name of father/ Spouse | |
| 3. | Name of Mother | |