

Shri Gajanan Maharaj Shikshan Prasarak Mandal's
Dnyanvilas College of Pharmacy
(D.PHARM., B. PHARM.)

Gat No.76, Dudulgaon, PCMC Area, Tal.- Haveli, Dist. PUNE- 412 105

Ph. :- 020-20261480

E-mail :- principaldvcop@gmail.com

Web site :- www.dvcop.com

STUDENT ENQUIRY FORM

DATE :-

2023-24

1. Student Name :- _____
2. Father's Name :- _____ Occupation _____
3. Admission for :- **B. PHARM**
4. Whether male or female : Male / Female
5. Date of Birth : ____ / ____ / ____ Caste & Category _____
6. Permanent Address _____

7. Telephone No. _____ Mobile No. _____
8. E-mail Id : _____
9. Earlier Course Completed :- H.S.C
10. Name of College where Course has been Completed :- _____

11. Last Examination Passed : _____
12. Month & Year of Passed : _____
13. Marks obtained in last year examination _____ % of Marks _____
14. P.C.M. Group Marks : P.C.B. Group Marks :
15. MH-CET MARKS : PCM GROUP : _____ PCB GROUP : _____
16. NEET MARKS (IF APPLICABLE) : _____
17. Reference : _____

Signature of Parent Guardian

Signature of Student

FOR OFFICE USE ONLY

Enquiry Handled By : _____
Follow-up Date : _____
Remark : _____

Principal