



Nashik Gramin Shikshan Prasarak Mandal's,
COLLEGE OF PHARMACY
Brahma Valley Educational Campus,
Anjaneri, Nashik - 422 213
Phone No. : (02594) 220146, 220147

Provisional Admission Form 2025-26

Space
For
Photograph

To,
The Principal,
NGSPM college of Pharmacy
Brahma Valley Educational Campus,
Anjaneri Tal. Trimbak Dist. Nashik- 422 213

Sir,
I here apply for admission to the .S.Y./T.Y./Final Year. B.Pharmacy Course in your college for academic Year- 2025- -2026

1. Full Name of Candidate (in block letter) :

2. Permanent Address :-

3. Local Address :

4. Phone No.:_____ Mobile No.:_____

E-Mail :- _____ Aadhar Card No. _____
Pan No. _____

5. Date of Birth : _____ Place of Birth
: _____

Age : _____ Sex :-

Caste : _____ Sub Caste :-

Nationality : _____ Category

: _____

6. Academic information: (Last Examination Record)

Examination	Year of passing	Total Marks	Out of	Percentage	Attempt
F.Y.B.Pharm VII Sem					
S.Y.B.Pharm IIISem					
T.Y.B.Pharm. V Sem					

7. Accommodation in Hostel : Required/Not Required

8. Transaction Number (Paid by online Mode:-.1)

UNDERTAKING AND DECLARATION

1.If admitted, I undertake to confirm the rules and regulations of the college and the Competent authorities. So long as I am a student of the college, I will not do anything

which will or be likely to adversely affect orderly. Governance and discipline within the campus or outside.

2. I hereby declare that

I have not been concurrently admitted to any other course of any other college/university

3 I have not been debarred from appearing for any examination held by the competent authorities. The person information given in this application is true and no

information is suppressed or falsified by me. I realize that I stand to be disqualified from

being admitted to the Institution or to cancellation of admission in the event of my

having supplied false information with respect to my admission to this course

Signature of Student

Signature of Parent/Guardian

FOR OFFICE ONLY

Admitted to class: _____

General Reg. No :

Quota : IL/CAP/A/CAP/CAP Vacant

Fees received : _____

Receipt No:

Date : _____

Cashier/Accountant

Registrar

Date : / /2025

Signature of Principal

Seal of the college.

