

MET FACULTY OF PHARMACY / MIT COLLEGE OF PHARMACY

(Constituent Institute of MIT Group of Institutions)

REGISTRATION FORM – D.PHARM. 1st YEAR 2025-26

Application No.....
(To be filled by office)

1. Name of the Applicant
2. Father's Name
3. Mother's Name
4. Present Address for communication
5. WhatsApp NoAlternate Mobile No.....
6. Date of Birth ___/___/___ Gender: M/F.....Category Gen/OBC/SC/ST).....
7. JEECUP 2024 Appeared (Yes/No)
If Yes, Roll No.Marks..... Gen. Combined Rank
8. Aadhaar Card No. Email Id.....
9. Marks in qualifying subject in 10+2 (Roll No.....Board.....Year.....)

Subject	Physics	Chemistry	Mathematics /Biology	Total	PCM/PCB Percentage
Max Marks					
Marks obtained					

12 th Subjects	Total	Overall Percentage
Max Marks		
Marks obtained		

10. Registration Amount Rs. 10000/- and Processing Charges Rs. 1000/- deposited by Cash/Online
Amount Dated..... Transaction No.....

DECLARATION

I hereby declare that I am applying for admission with the clear understanding that:-

1. Registration is not a guarantee for admission.
2. Admission will be offered in the institute only against the management quota seats/vacant seats after counseling on the basis of merit in the applicable entrance exam / qualifying examination, in that order.
3. The details of Rs. 11000/- being deposited are as under :-
 - (a) Rs. 10000/- is the Registration amount which will be adjusted against the fees incase admission is taken in this Institute in the year 2025-26 or it will be refunded if admission is not offered. Refund (in the form of A/C payee cheque in favor of candidate) may take about one Month after the admission process is over or the date of application for cancellation whichever is later.
 - (b) Rs. 1,000/- is the Processing fee and is non-refundable and non-adjustable.
4. Request for cancellation of registration and subsequent refund may not be considered in the intervening period between registration and admission.

Signature of father/guardian

(As a token of having agreed with the declaration made by his ward)

Signature of Candidate

Name

Date

Name Date

Enclosures:

1. Photocopy of Mark sheet of 10+2/ Intermediate Examination.
2. Rank proof of JEECUP 2025.
3. Photocopy of Aadhar Card.

Form Checked By

(Name & Signature)