

The CCMP students who are allotted our college in the rounds of MUHS 2024 are advised to fill and bring the filled form at the time of admission, to fasten the process.

If need more information contact this number 9764048083

Candidates selected in Certificate Course for Modern Pharmacology Course for the A.Y. 2024-25 selection round should report for admission along with all Original documents, and DD's of requisite fees (as applicable) & Three (3) sets of self attested photocopies of EACH document.

Checklist

Sr.No	Original Documents
	&ROOHJH \$OOR'
	1DWLRQDOLW\ &HUWLILFDWH 'RPLFLOH & 3DVVSRUW GXO\ DWWHVWHG %LUWK &HUWLILFD 1DWLRQDOLW\ Indian? QWL (Required any one)
	3DVVLQJ &HUWLILFDWH 'HJUHH &HUWLI LVVXHGE\ FRQFHUQ 8QLYHUVLW\ IRU TXDOLILQJ
	8* 3* 0&+ 5HJLVWUDWLRQ &HUWLI XSGI
	&DVWH &HL(if applicable)
	&DVWH 9DOLGLW (if applicable)
	1R &UHDP\ /D\HU &F(VJ/DT (A)/NT-(B)/NT-(C)/NT-(D) OBC/SBC/SEBC) YDOLG XS WR (If applicable)
	2ULJLQDO 0HGLFDO)LV
	3K\VLFDQO\ +DQGLFDS GF(if applicable)
	&ROOHJH /HDYLQJ &HUWLILFDWH /&
	0LJUDWLRQ &HUWLILFDWH \$SSOLFDEOH
	1R 2EMHFWLRQ &HUWLILFDWH RI 0DKDUDV 0XPEDL 3KRWRFRS\
	&KDQJH RI 1DPH LI DSSOLFDEOH UHTX Marriage Registration Certificate, Gazette Copy and Original Affidavit 500 Stamp Paper
	(0LJLELQW\ &HUWLILFDWH IRU (:6 FDW DXWKRULW\ IRU WKH(if applicable)
	8QGHWUDNLQJ &HUWLILFDWH GXO 2ULJL &RS(Format attached)
	;HUR[&RS\ RI \$DC
	;HUR[&R: 3\$1
	5HFHQW 3DVVSRUW 6LJHG & (05)

2024 - 25 MODERN PHARMACOLOGY ADMISSION FORM

All entries in this form must be in **CAPITAL** letters only.

1. Name of the candidate in FULL: (as given in your Homeopathic Degree Cert.)

2. Name of Candidate in FULL Devnagari (Marathi) _____
3. Date of Birth: _____ Mobile No.: _____
4. E-mail ID: _____ Aadhar No.: _____
5. Pan Card No.: _____ Gender: Male / Female
6. Voter ID: _____ Place of Birth: _____
7. Category: OPEN/VJ/DT(A)/NT- (B)/NT- (C)/NT- (D)/OBC /SBC/SC /ST /EWS / SEBC Quota :
8. Admitted Quota: _____
9. Permanent Registration Number(MCH): _____
10. Permanent Address:

Pin Code: _____
11. Address for correspondence: (tick if same as above)

Pin Code: _____

Signature of Candidate & Date

Sign
Verifying Officer

Sign
I/C Admission Cell

Sign
Verifying Officer

Undertaking for pending fees/ documents

I _____ resident of _____ do solemnly affirm & state as I have not submitted following documents/Fees which are required documents /fees for admission for the academic year 2024 - 25. I, hereby undertake to submit these documents / fees to ARMCHRC college office on or before ____ / ____ /20 ____ failing which my admission is liable to be cancelled.

Solemnly affirm at ARMCHRC, Solapur.

❖ List of documents not submitted

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

❖ Details of pending fees

Sr.	Fees	Paid	Remaining
1	Tuition Fees		
2	Eligibility Fees (MUHS)		
3	Library, Clinical Deposit		
4	Other Deposit		
5	Other		
6			
7			
8			

This _____ day of _____ 20 ____

Name of Student: _____

Signature: _____