Rashtriya Shikshan Mandal's

N N Sattha College of Pharmacy, Ahmednagar

DTE Code : 5478

Admission Form

First Year Diploma 2026-27 **Date :** / /2026

Name of Student : ……..

Admission Type : Cap/Management **Category:** Open/ OBC/ NT –VJ/ SC/ ST

Address and Mail id :……..

(as per Aadhar Card) :……..

……..

Adhar Card No : | | | | | | | | | | | | |

Student Mob. No. : | | | | | | | | | | |

Parent Mob no : | | | | | | | | | | |

Fee Details:

Fee	Amount	Mode
Tuition Fee		DD/Online/Phone Pay/Google Pay
Development Fee		

Declaration: By Parent/Guardian and Student:

I hereby declare that all the information given here is true. I have attached all attested copies of documents required to support my candidature. I am aware that in case, any information given by me is found to be incorrect at any stage of the admission process, my candidature will stand cancelled and legal proceedings will be initiated against me.

Place: _____

Date: _____

Parent Signature **Student Signature**

For Office Use Only

This is to certify that Mr. or Ms. _____ is taking admission for a 1st Year Diploma in Pharmacy. He/she has paid the Tuition Fee: _____ and the Development Fee: _____. Total Fee: _____. He/she is eligible for a second year of admission.

Clerk **Accountant**

He /She is permitted/not permitted for the 1nd year of admission.

Principal