



KAI. YASHODABAI DAGADU SARAF CHARITABLE TRUST'S

COLLEGE OF PHARMACY



ISO 9001 : 2015 Certified Institute

(Approved by PCI, New-Delhi; Govt. of Maharashtra & Affiliated to KBC North Maharashtra University, Jalgaon)

N.H. No.6, Sakegaon - Bhusawal, Dist. Jalgaon-425201 (Maharashtra) India

Office/Fax : (02582) 255125, Mobile No. : 9326461498

E mail : copsakegaon@rediffmail.com

Visit us at : www.bpharmacysakegaon.org

Mr. P. D. Saraf
President

Mr. S. P. Ingale
Joint-Secretary

Prof. (Dr.) P. R. Patil
M. Pharm, Ph. D.
Principal

Ref. No. : COPHS /

Date :

Directorate of Technical Education, Maharashtra State, Mumbai

Receipt-Cum-Acknowledgement of Confirmation of Admission to First Year of Under Graduate Technical Courses in B.Pharmacy & Pharm.D for the Academic Year 2016-17

Application ID : PH16137994 Receipt No : 5209527

Personal Details

Candidate Name	AVAIS MOHAMMAD SHARIF MOHAMMAD		
Gender	Male	Date Of Birth	05/07/1998
Candidature Type	Maharashtra - Type A		
Home University	North Maharashtra University		
Category	Open	Category for Admission	Open
Person with Disability	Not Applicable	Defence Type	Not Applicable
Linguistic Minority	Not Applicable	Religious Minority	Religious Minority - Muslim
HSC Physics	85.00 %	HSC Chemistry	79.00 %
HSC Biology	75.00 %	HSC Bio-Technology	0.00 %
HSC Aggregate	73.38 %	Diploma Aggregate	0.00 %
NHT-CET 2016 PCMBMAX Score 54			

Admission Details (Admission done by Institute)

Merit No	33696	Merit Marks	54
Institute Name	Kai Yashodabai Dagadu Saraf Charitable Trust's College of Pharmacy, Sakegaon		
Course Name	Pharmacy		
Choice Code	520982310	Date of Admission	14/08/2016
Seat Type	Against CAP other than Minority (ACAP)		
Candidate Admission As Per Final Merit List			

Payment Details

Sr. No.	Payment Mode	Fee Amount	DD/Cheque Number	Payment Date	Bank Name	Branch Name
1.	Cash	5000		14/08/2016		

Comments : Admission Confirmed

Undertaking By Candidate

I hereby agree to confirm to rules, acts and laws enforced by Government from time to time. I hereby undertake that as long as I am student of College / Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal / Director of College / Institute will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college / institute / University / Government and the undertaking given above. I also herewith undertake that, at later stage, if it is found that I have submitted false certificate(s)/document(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subjected to legal and/or penal action as per the provisions of the law.

Signature : *R. Rowe* Date : 14/08/2016

Asshath
Signature of Candidate
(AVAIS MOHAMMAD SHARIF MOHAMMAD)

Printed On : 14/08/2016 4:39:04 PM

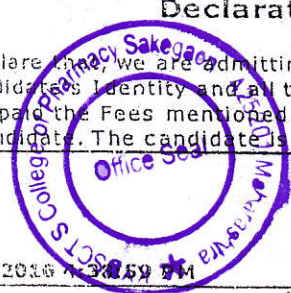
Declaration by the College / Institute

We hereby declare that we are admitting this Candidate to our College / Institute from the academic year 2016-17 on verification of Candidate's Identity and all the required documents mentioned above. The candidate has submitted all his original documents & paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate. The candidate is admitted as per rule no. 15 of Information brochure.

Printed By : 5209

Reported By : 5209

Reported On : 14/08/2016 4:38:59 PM



Principal
Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist-Jalgaon
Seal & Signature of the Issuing Institute Officer



KAI. YASHODABAI DAGADU SARAF CHARITABLE TRUST'S

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Principal

Ref. No. : COPHS /

Date :

Technical Education, Maharashtra State, Mumbai

<http://www.dtemaharashtra.gov.in/PH2014/InstituteModule/fi>

Receipt-Cum-Acknowledgement of Confirmation of Admission to First Year of Four-Year Full-Time Degree Course in Pharmacy for Academic Year 2014-2015

Application ID : PH14702811 Receipt No : 5209254

Personal Details

Candidate's Name	VATWANI AKASH HANSRAJ		
Gender	Male	Date of Birth	21/11/1994
Candidature Type	Maharashtra - Type A	Category	OBC
Home University	North Maharashtra University		
Person with Disability	Not Applicable	Defence Type	Not Applicable

Admission Details

Merit No	19	Merit Marks	72.50
Institute Name	Kai Yashodabai Dagadu Saraf Charitable Trust's College of Pharmacy, Sakegaon		
Course Name	Pharmacy		
Choice Code	520982310	Seat Type	ACAP
Date of Admission	14/08/2014		

Fee Details

Sr. No.	Payment Mode	Fee Amount	DD/Cheque Number	Payment Date	Bank Name	Branch Name
1.	Cash	10000		14/08/2014		

Undertaking By Candidate

I hereby agree to confirm to rules, acts and laws enforced by Government from time to time. I hereby undertake that so long as I am student of College / Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal / Director of College / Institute will have rights to expel, debar, suspend or discontinue me from the institute, for any infringement of the rules prescribed by the college / institute / university / government and the undertaking given above. I also herewith undertake that, at later stage, if it is found that I have submitted false certificate(s)/document(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subjected to legal and/or penal action as per the provisions of the law.

Place :

Date :

Signature of Candidate

(VATWANI AKASH HANSRAJ)

Printed On : 14/08/2014 11:59:33 AM

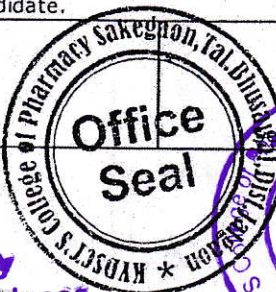
Declaration by the College / Institute

We hereby declare that, we are admitting this Candidate to our College / Institute for the course Pharmacy from the academic year 2014-2015 on verification of Candidate's Identity and all the required documents mentioned above. The candidate has submitted all his original documents & paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Printed By : 5209

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Principal
(Signature of the Issuing Institute Officer)
College of Pharmacy
Sakegaon, Bhusawal, Dist. Jalgaon

Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist-Jalgaon



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Joint-Secretary

Prof. (Dr.) P. R. Patil
M. Pharm, Ph. D.
Principal

Ref. No. : COPHS /

Date :

...: State Common Entrance Test Cell, Government of Maharashtra ...:

Int-Cum-Acknowledgement of Confirmation of Admission to First Year of Under Graduate Technical Courses in B.Pharmacy & Pharm.D for the Academic Year 2018-19

Application ID : **PH18160437** Receipt No : **5209735**

Details

Candidate Name	AKSHAY Megharajsing Rajput	Date Of Birth	26/04/2001
Gender	Male	Home University	North Maharashtra University
Candidature Type	Maharashtra - Type A	Category for Admission	Open
Category	Open	Defence Type	Not Applicable
Person with Disability	Not Applicable	Religious Minority	Not Applicable
Linguistic Minority	Not Applicable	Diploma Eligibility Marks	--
HSC Eligibility Marks	50.00 %		

Admission Details (Admission Done by Institute)

Merit No	14	Merit Marks	58
Institute Name	Kai Yashodabai Dagadu Saraf Charitable Trust's College of Pharmacy, Sakegaon		
Course Name	Pharmacy		
Choice Code	520982310	Date of Admission	02/08/2018
Seat Type	Against CAP (Excluding Minority) (ACAP)		

Details

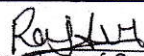
No.	Payment Mode	Fee Amount ()	DD/Cheque Number	Payment Date	Bank Name	Branch Name
	Cash	1,000/-		02/08/2018		

Comments : Admission Confirmed

Undertaking By Candidate

I hereby agree to confirm to rules, acts and laws enforced by Government from time to time. I hereby undertake that so long as I am a student of College / Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I understand that the Principal / Director of College / Institute will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college / institute / university / government and the undertaking given above. I also herewith undertake that, at a later date, if it is found that I have submitted false certificate(s)/document(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subjected to legal and/or penal action as per the provisions of the law.

Date :


Signature of Candidate
(AKSHAY)

Printed On : 14/08/2018 1:31:41 PM

Declaration by the College / Institute

We hereby declare that, we are admitting this Candidate to our Institution for the academic year 2018-19 on verification of Candidate's identity and all the required documents mentioned. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

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Printed On : 02/08/2018 4:10:28 PM

Seal of Institution

Name, Designation and Signature of the Issuing Officer


Principal

College Of Pharmacy
Sakegaon Bhusawal, Dist-Jalgaon



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Joint-Secretary

Prof. (Dr.) P. R. Patil
M. Pharm, Ph. D.
Principal

Ref. No. : COPHS /

Date :

8/14/2017

State Common Entrance Test Cell, Government of Maharashtra

Receipt-Cum-Acknowledgement of Confirmation of Admission to First Year of Under Graduate Technical Courses in B.Pharmacy & Pharm.D for the Academic Year 2017-18

Application ID : PH17141157 Receipt No : 5209633

Personal Details	
Candidate Name	SAYALI Machindranath Bonde
Gender	Female
Date Of Birth	05/03/2000
Candidature Type	Maharashtra - Type A
Home University	North Maharashtra University
Category	OBC
Category for Admission	OBC
Person with Disability	Not Applicable
Defence Type	Not Applicable
Linguistic Minority	Not Applicable
Religious Minority	Not Applicable
HSC Eligibility Marks	49.33 %
Diploma Eligibility Marks	--
Admission Details (Admission Done by Institute)	
Merit No	13
Merit Marks	53
Institute Name	Kai Yashodabai Dagadu Saraf Charitable Trust's College of Pharmacy, Sakegaon
Course Name	Pharmacy
Choice Code	520982310
Date of Admission	14/08/2017
Seat Type	Against CAP (Excluding Minority) (ACAP)

Sr. No.	Payment Mode	Fee Amount (₹)	DD/Cheque Number	Payment Date	Bank Name	Branch Name
1.	Cash	1,000/-		14/08/2017		

Comments : confirm

Undertaking By Candidate

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Place : _____ Date : _____
Signature of Candidate (SAYALI)

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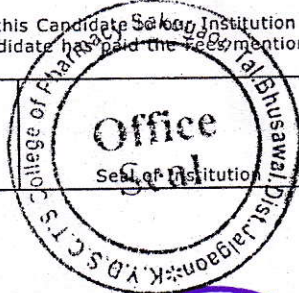
Declaration by the College / Institute

We hereby declare that, we are admitting this Candidate Sakegaon Institution for the academic year 2017-18 on verification of Candidate's Identity and all the required documents mentioned. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Printed By : 5209

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Reported On : 14/08/2017 4:05:03 PM



Name, Designation and Signature of the Issuing Officer
Principal
College of Pharmacy
Sakegaon, Bhusawal, Dist. Jalgaon



Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist. Jalgaon



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Ref. No. : COPHS /

Date :

Technical Education, Maharashtra State, Mumbai

<http://www.dtemaharashtra.gov.in/PH2014/InstituteModule/frmP>

Receipt-Cum-Acknowledgement of Confirmation of Admission to First Year of Four-Year Full-Time Degree Course in Pharmacy for Academic Year 2014-2015

Application ID : PH14702175 Receipt No: 5209232

Personal Details			
Candidate's Name	RUBINA BANO MOHAMMAD SHARIF		
Gender	Female	Date of Birth	01/06/1996
Candidature Type	Maharashtra - Type A	Category	Open
Home University	North Maharashtra University		
Person with Disability	Not Applicable	Defence Type	Not Applicable
Admission Details			
Merit No	6	Merit Marks	56.62
Institute Name	Kai Yashodabai Dagadu Saraf Charitable Trust's College of Pharmacy, Sakegaon		
Course Name	Pharmacy		
Choice Code	520982310	Seat Type	IL
Date of Admission	13/08/2014		

Undertaking By Candidate

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Place :

Date :

Signature of Candidate

Printed On : 13/08/2014 1:04:48 PM

(RUBINA BANO MOHAMMAD SHARIF)

Declaration by the College / Institute

We hereby declare that, we are admitting this Candidate to our College / Institute for the course Pharmacy from the academic year 2014-2015 on verification of Candidate's identity and all the required documents mentioned above. The candidate has submitted all his original documents & paid the fees as mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Printed By : 5209

Reported By : 5209

Reported On : 13/08/2014 1:04:39 PM



Principal
College of Pharmacy
Sakegaon, Bhusawal, Dist. Jalgaon



Principal
College Of Pharmacy
Sakegaon Bhusawal, Dist. Jalgaon