

**MARATHWADA MITRA MANDAL'S  
COLLEGE OF PHARMACY  
THERGAON, PUNE-411033**

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**Admission letters of the students with  
Serial Numbers 8, 18, 28, 38, 48, 58, 68  
attested by Principal**





सत्यमेव जयते

State Common Entrance Test Cell, Maharashtra State,  
Mumbai

8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001. (M.S.)

Provisional Allotment for CAP Round - II for Admission to  
First Year Of Two Year Full Time Post-Graduate Course in  
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) )  
for the year 2020 - 2021



**Personal Details**

Candidate's Full Name	CHAURE AMIT SANJAY	Application ID	MPH20102495
Gender	Male	DOB (DD/MM/YYYY)	15-01-1998
Candidate Category	ST	Category for Admission	ST
Candidature Type	Maharashtra State Candidate - Type A	Person with Disability	N.A.
Religious Minority	N.A.	Linguistic Minority	N.A.
EWS Status	N.A.	Orphan Status	NO
Home University	Savitribai Phule Pune University		

**Provisional Allotment Details**

Institute Allotted	Government College of Pharmacy, Aurangabad
Choice Code Allotted	200981710 -No Change
Course Allotted	Pharmaceutics
Seat Type Allotted	GST
Preference No. Allotted	4
CAP Round Allotted	2
All India Merit No	657
State General Merit No	641
Merit Score	136

**IMPORTANT INSTRUCTIONS :**

1. Check the allotment made in the CAP Round II through candidate's Login & Verify the correctness of the credentials used in seat allotment made to him/her in CAP round II as per the Rules & Regulations.
2. In later stage, if it is found that the seat allotted to the candidate on the false claims made in the application by the candidate, then such allotment/admission taken in the allotted institute shall be cancelled automatically.
3. The allotment given in CAP Round II is final allotment;
4. Reporting dates for admission in the allotted Institute 27-01-2021 to 29-01-2021 Up to 05.00 p.m.



Printed On: 25-01-2021 11:45:17 AM

URL: <http://resultmha.mahacet.org/In/cet2020/mpharm20/index.php/AllotmentController/displayAllotment>

Published On: 25-01-2021



*[Signature]*  
**PRINCIPAL**  
 Marathwada Mitra Mandal's  
 COLLEGE OF PHARMACY  
 Thergaon (Kalewadi), Pune-411 033

## GOVERNMENT COLLEGE OF PHARMACY



Opp.Govt.Polytechnic, Hotel Vedant Road,  
Osmanpura,Aurangabad-431005 (MS) INDIA



PRN : 2020212013

Name : CHAURE AMIT SANJAY

Father's Name : SANJAY CHAURE

Class : F.Y.M.PHARM PEUT

Roll No : 4



\* 2 0 2 0 2 1 2 0 1 3 \*

Ph +91 (240) 2346820 (Prin), 2321130 (Off),  
2346820(Fax)

email : gcpaurangabad@gmail.com

website: gcpharma.ac.in

Address : 81\B SONABAI NAGAR NAVAPUR ROAD  
TQ.NANDURBAR DIST.NANDURBAR

Contact No. : 8806526013

Date of Birth : 15/01/1998

Blood Group : O +Ve



PRINCIPAL



\* 2 0 2 0 2 1 2 0 1 3 \*



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Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY

Thergaon (Kalewadi), Pune-411 033




**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelstor Building, A.K. Nayak Marg, Fort, Mumbai-400001.(M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of**  
**Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.**  
**(Post Baccalaureate) ) for the year 2019 - 2020**

Application ID : MPH19202405

Mode of Admission : Non Sponsored

**Personal Details**

Full Name <b>MUSALE SHUBHAN RAJENDRA</b>		
Nationality <b>Indian</b>	Gender <b>Male</b>	
Date of Birth <b>03-08-1997</b>	Annual Family Income (₹) <b>15,001 - 50,000</b>	
Category-Caste <b>OBC -Ward</b>	Religious <b></b>	
Minority/Linguistic N.A	Minority <b></b>	
PWD Type <b>NA</b>		

Type of Candidature **Maharashtra State Candidate - Type A**

**Allotment Details**

All India Merit Number <b>400</b>
Allotted Choice Code <b>637581710</b>
Allotted Seat Type <b>GOBC</b>
Preference No. <b>9</b>

**Reporting Details**

Institute <b>Dr. D.Y.Patil Institute of Pharmaceutical Science &amp; Research, Pimpri, Pune</b>	
Tuition Fees (₹) <b>56789/-</b>	Course <b>637581710-Pharmaceutics</b>
Development Fees (₹) <b>13231/-</b>	Admission Date <b>13-08-2019</b>
Other Fees (₹) <b>0/-</b>	Admission Type <b>CAP Round</b>
Total Fees (₹) <b>70000/-</b>	Remark <b>ok</b>

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. 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 the Institute/college 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.

Date: **13-08-2019**

Place :

Signature of The Candidate

(MUSALE SHUBHAN RAJENDRA)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2019 - 2020 on verification of Candidate's Identity. 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.

Seal of Dr. D.Y.Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune

Reported On: **13-08-2019 06:07:48 PM**

Printed On **13-08-2019 06:08:01 PM**

Last Modified On **13-08-2019 06:07:48 PM**

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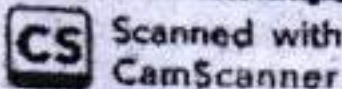


Signature of Institute Officer (6375)

Reported By: **6375**

Printed By: **6375**

Last Modified By: **6375**



**PRINCIPAL**  
**Marathwada Mitra Mandal's**  
**COLLEGE OF PHARMACY**  
**Thergaon (Kalewadi), Pune-411 033**

# DPU

DR. D. Y. PATIL UNITECH SOCIETY'S

## Dr. D. Y. Patil Institute of Pharmaceutical Sciences & Research



2019-2021



\* 1 9 5 7 0 1 8 4 \*

**Musale Shubham Rajendra**

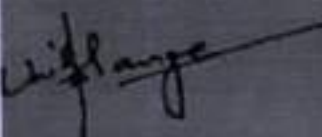
DOB 03/08/1997

Course M.Pharm.

Blood Group O-

Cr II No 9405833459

Address Ramnagar Pimpalner, Tal- Sakri,  
Dist- Dhule

  
Principal

Estd.  
2006

PRINCIPAL  
Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY  
Thergason (Kalewadi), Pune-411 033

**Pimpri, Pune-411 018 (Maharashtra)  
India.**



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
 8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001 (M.S.)  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019**

Application ID : MPH18100025 Mode of Admission : Non Sponsored

**Personal Details**

Full Name	JAWALE GAYATHI KAILAS		
Nationality	Indian	Gender	Female
Date of Birth	19-06-1997	Annual Family Income (₹)	7,55,000 - 1,00,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A		
PWD Type	N.A		
Type of Candidature	Maharashtra State Candidate - Type A		



**Allotment Details**

All India Merit Number	322
Allotted Choice Code	638081710
Allotted Seat Type	OPEN
Preference No.	1

**Reporting Details**

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon( Kalewadi) , Pune		
Tuition Fees (₹)	67766/-	Course	638081710-Pharmaceutics
Development Fees (₹)	6234/-	Admission Date	16-06-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	74000/-		

**Remark:**

I, the Candidate, hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that as long as I am admitted in College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I also declare that the Principal/Director of the Institute/College will have rights to expel, rusticate me from the Institute, for any infringement of the rules and laws by the college/institute/university/Government and the undertaking given above.

Date: 16-06-2018

*J.K. Jale*  
**Signature of The Candidate**  
 (JAWALE GAYATHI KAILAS)



**INSTITUTE USE ONLY**

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First year of Two Year Full Time Post-Graduate Course in Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's records. We declare that the admission of Candidate is confirmed in First Year of the Candidate.

Seal of Marathwada Mitra Mandal's College of Pharmacy, Thergaon( Kalewadi), Pune



*Prakash*  
**Signature of Institute Officer (6380)**

Reported On: 16-06-2018 04:28:21 PM  
 Printed On: 16-06-2018 04:28:32 PM  
 Last Modified On: 16-06-2018 04:28:21 PM

Reported By: 6380  
 Printed By: 6380  
 Last Modified By: 6380



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**COLLEGE OF PHARMACY**  
 Thergaon (Kalewadi), Pune-411 033



MMCOP

# MMCOP



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## MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

Thergaon Pune-411033 (MS) Ph.No.844606084

website - [www.mmcop.in](http://www.mmcop.in),

Email: [mmcopharm@yahoo.co.in](mailto:mmcopharm@yahoo.co.in)

Course: M.Pharmacy

Branch: (Pharmaceutics)



Jawale Gayatri Kailas



18M05

*Jawale*  
Student's Sign



*[Signature]*  
PRINCIPAL  
COLLEGE OF PHARMACY  
Thergaon (Kalewadi), Pune-411 033

2018

Receipt-cum-Acknowledgement for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy)



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)  
Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019

Application ID : MPH18102254 Mode of Admission : Non Sponsored

Personal Details

Full Name	SAWANT POOJA BHIKAJI		
Nationality	Indian	Gender	Female
Date of Birth	23-05-1997	Annual Family Income (₹)	4,50,001 - 5,00,000
Category-Caste	OPEN	Religious Minority/Linguistic Minority	N.A.
PWD Type	N.A.	Type of Candidature	Maharashtra State Candidate - Type A



Allotment Details

All India Merit Number	74
Allotted Choice Code	637512610
Allotted Seat Type	GOOPEN
Preference No.	1

Reporting Details

Institute	Dr. D. Y. Patil Vidya Pradishthan Society Dr. D.Y.Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune		
Tuition Fees (₹)	98536/-	Course	637512610-Quality Assurance Techniques
Development Fees (₹)	9564/-	Admission Date	03-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	108100/-	Remark	OK

Declaration by Candidate: I hereby agree to conform to rules, acts and laws enforced by Government. 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 the College/Institute will have rights to expel, suspend me from the Institute, for any infringement of the rules prescribed by the college/institute/university/government and the Government of Maharashtra.

Date: 03-08-2018

Signature of The Candidate  
(SAWANT POOJA BHIKAJI)

INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that we are admitting this Candidate to our College/Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's details. The Candidate has paid the Fees as mentioned in the receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Signature of Institute Officer (6375)  
Pune-18



Reported By: 6375  
Printed By: 6375  
Last Modified By: 6375

03-08-2018 01:14:04 PM  
03-08-2018 01:14:13 PM  
03-08-2018 01:14:04 PM



PRINCIPAL  
Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY  
Thergaon (Kalewadi), Pune-411 033



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course in Pharmacy (M. Pharm.) for the year 2017 - 2018**

Application ID: MPH17100122 Mode of Admission : Non Sponsored

Personal Details	
Full Name: YADAV JYOTI NARAYAN	
Nationality: Indian	Gender: Female
Date of Birth: 09-01-1996	Annual Family Income (₹): 15,001 - 50,000
Category-Caste: OPEN	Applied For EBC: No
Religious Primarily/Linguistic Minority: N/A	
PWD Type: Not Applicable	
Type of Candidature: Maharashtra State Candidate - Type A	

Allotment Details	
State Level Merit Number: 527	
Allotted Choice Code: 638081710	
Allotted Seat Type: GOPEN	
Preference No.: 1	

Reporting Details	
Institute: Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalewadi), Pune	
Tuition Fees (₹): 35000/-	Course: 638081710-Pharmaceutics
Development Fees (₹): 0/-	Admission Date: 16-08-2017
Other Fees (₹): 0/-	Admission Type: CAP Round
Total Fees (₹): 35000/-	
Remark:	

**Declaration by Candidate:** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I shall not engage in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College has the right to suspend, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 16-08-2017 Signature of The Candidate  
(YADAV JYOTI NARAYAN)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute:** We hereby declare that, we are admitting the Candidate to our College / Institute for First Year Of Two Year Full Time Post Graduate Course in Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in the receipt. We hereby declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalewadi) Pune  
 Reported On: 16-08-2017 01:10:23 PM  
 Verified On: 16-08-2017 01:10:25 PM  
 Last Modified On: 16-08-2017 01:10:23 PM  
 URL: [http://mpharm17.affidmaharashtra.org/mpharm17/institute\\_report.php/institute\\_reporting/admitce](http://mpharm17.affidmaharashtra.org/mpharm17/institute_report.php/institute_reporting/admitce)




Signature of Institute Officer (Caretaker)  
 Reported By: [Signature]  
 Printed By: [Signature]  
 Last Modified By: [Signature]



**PRINCIPAL**  
**Marathwada Mitra Mandal's**  
**COLLEGE OF PHARMACY**  
**Thergaon (Kalewadi), Pune-411 033**



**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting of for Admission to First Year Of Two Year Full**  
**Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017**

Application ID : MPH16100770				
<b>Personal Details</b>				
Full Name	SUTAR NIVEDITA PRAKASH		 <i>Sutar</i>	
Nationality	Indian	Gender		Female
Date of Birth	20-05-1995	Annual Family Income (₹)		1,00,001 - 2,00,000
Category-Caste	OPEN -Open	Applied For EBC		No
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			
<b>Allotment Details</b>				
State Level Merit Number	661			
Allotted Choice Code	638012610			
Allotted Seat Type	GOPEN			
Preference No.	1			
<b>Reporting Details</b>				
Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon( Kalewadi) ,Pune			
Tuition Fees (₹)	0/-	Course	638012610-Quality Assurance Techniques	
Development Fees (₹)	0/-	Admission Date	12-08-2016	
Other Fees (₹)	0/-	Admission Type	CAP Round	
Total Fees (₹)	0/-			
Remark				

**Declaration by Candidate :** I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student 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 if Principal/Director of the institute/college 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.

Date:12-08-2016

Signature of The Candidate  
(SUTAR NIVEDITA PRAKASH)

Place :



**INSTITUTE USE ONLY**

**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2016 - 2017 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed by presence of the Candidate.

Seal of Marathwada Mitra Mandal's College of Pharmacy, Thergaon( Kalewadi) ,Pune

Reported On:12-08-2016 03:41:42 PM

Printed On :12-08-2016 03:41:44 PM

Modified On :12-08-2016 03:41:42 PM

URL: [http://mpharm16.dtemaharashtra.org/mpharm16/institute\\_report.php/institute\\_reporting/admission.php?institute=MTU38&md=MQ](http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admission.php?institute=MTU38&md=MQ)



*[Signature]*  
Signature of Institute Officer (638012610)

Reported By::6:

Printed By::6:

Last Modified By::6:



*[Signature]*  
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Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY  
Thergaon (Kalewadi), Pune-411 033

S. P. MANDAL'S  
**weschool**  
Welingkar Education

S.P. Mandall's

Prin L. N. Welingkar Institute of Management Development & Research

L. Napoo Road, Matunga ( C.Rly ), Mumbai - 400 019, Maharashtra, India.

*Post - Graduate Diploma in Management  
(Healthcare Management)*

( Hybrid Program )

(PGDM-HCM-HB)

Recognised by UGC-DEB, Govt. of India



**Awarded to**

*Kalyani Prakash Waghmare*

(PGDM/JL16/1875)

*For having Successfully completed the Two-year Post-Graduate Diploma in  
Management (Healthcare Management) in the year 2018 with Second Class*

*Dated the Thirty First day of the Month December in the Year 2018*



  
PRINCIPAL  
Marathwada Mitra Mandal's  
COLLEGE OF PHARMACY Prof. Dr. Uday Salunkhe  
Thergson (Kalyanadi), Pune-411 033 Group Director