

Marathwada Mitra Mandal's College of Pharmacy
Kalewadi Phata- Pimpri Road,
Thergaon (Kalewadi), Pune-411033

LIST OF STUDENTS PROGRESSING TO HIGHER EDUCATION

Academic Year-2019-20

Sr. No.	Name of students	Year of passing	Name of Institute
For M. Pharm. or M.S			
1.	Ms. Biradar Mohini B.	2019-2020	Marathwada Mitra Mandals College of Pharmacy
2.	Ms. Kanakdande Tejaswini M.	2019-2020	
3.	Ms. Ganorkar Saylee N.	2019-2020	
4.	Ms. Suryawanshi Sapna G.	2019-2020	
5.	Ms. Dhule Komal D.	2019-2020	Dr. D Y Patil College of Pharmacy, Pimpri, Pune
6.	Ms. Bhure Alka R.	2019-2020	Modern College of Pharmacy, Nigdi, Pune
7.	Ms. Mali Vaibhavi P.	2019-2020	METS Institute Of Pharmacy, Nashik
8.	Mr. Chaure Amit S.	2019-2020	Govt. College of Pharmacy, Aurangabad
9.	Ms. Jorvekar Ankita R.	2019-2020	Amrutvahini College of Pharmacy, Sangamner
10.	Ms. Doiphode Netra G.	2019-2020	Allana College of Pharmacy Pune
11.	Mr. Patil Prathamesh M.	2019-2020	NIPER, Guwahati
12.	Mr. Gopnar Vitthal V.	2019-2020	NIPER, Guwahati
13.	Mr. Sehgal Karan R.	2019-2020	NIPER, Ahmadabad


Dr. Rahul H. Khiste

Dean, Training, Placement, III & E.D. Cell




Dr. Manohar J. Patil

(Principal)

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



MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(D. Pharm., B. Pharm., M. Pharm., Ph.D.)

Approved by AICTE & PCI, New Delhi

Recognized by Govt. of Maharashtra, DTE (MS)

Affiliated to Savitribai Phule Pune University, Pune (Permanently Affiliated – B. Pharm.)

& Maharashtra State Board of Technical Education, Mumbai

Recognized Under Section 2 (f) and 12 (B) of the UGC Act, 1956



Shri. Shivajirao D. Ganage
President

Prin. Bhausaheb G. Jadhav
Exec. President

Shri. Kishor H. Mungale
Secretary

B. Pharm. – Accredited by National Board of Accreditation (NBA)

Ref: MM / COP/ **NAAC | 848**

Date: 01/07/2021

CERTIFICATE

This is to certify that the following students who have completed their UG i.e. B. Pharm from Marathwada Mitra Mandal's College of Pharmacy, Pune, have been further admitted for PG. Course i.e. M. Pharm in Marathwada Mitra Mandal's College of Pharmacy, Pune. The details of each students for the academic year 2019-20, is as follows-

Sr. No.	Name of the Student	MMCOP Passing Year Batch B. Pharm (UG)	Name of PG Course Admitted	Specialization	Year of Admission
1	Ms. Biradar Mohini B.	2019-20	M .Pharm	Pharmaceutics	2020-21
2	Ms. Kanakdande Tejaswini M.	2019-20	M .Pharm	Pharmaceutics	2020-21
3	Ms. Ganorkar Saylee N.	2019-20	M .Pharm	Pharmaceutical Quality Assurance	2020-21
4	Ms. Suryawanshi Sapna G.	2019-20	M .Pharm	Pharmaceutical Quality Assurance	2020-21



Yours Faithfully,

(Signature)
Dr. Manohar J. Patil

PRINCIPAL

**Marathwada Mitra Mandal's
COLLEGE OF PHARMACY**

Thergaon (Kalewadi), Pune-411 033

----- *building Pharmacy Professionals through Education par Excellence* -----



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. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20100987 Mode of Admission : Non Sponsored

Personal Details

Full Name	BIRADAR MOHINI BHAGWAN		
Nationality	Indian	Gender	Female
Date of Birth	12-09-1998	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_G00tjsBillCBBn
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Allotment Details

All India Merit Number	579
Allotted Choice Code	638081710
Allotted Seat Type	GOPEN
Preference No.	2

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalowadi) ,Pune		
Tuition Fees (₹)	20000/-	Course	638081710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	13-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	20000/-		
Remark	verified & confirm		

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: 13-01-2021

Biradar
Signature of The Candidate
(BIRADAR MOHINI BHAGWAN)



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 Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 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 Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalowadi) ,Pune



Signature of Institute Officer (6380)

[Signature]



सत्यमेव जयते



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. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20102381

Mode of Admission : Non Sponsored

Personal Details

Full Name	KANAKDANDE TEJASWINI MOHANRAO	
Nationality	Indian	Gender Female
Date of Birth	06-02-1998	Annual Family Income (₹) 50,001 - 1,00,000
Category-Caste	OPEN	
Religious Minority/Linguistic Minority	N.A	
PWD Type	N.A.	
Type of Candidature	Maharashtra State Candidate - Type A	
EWS Status	Yes	Orphan Status N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GOSrRRr6DzI9KD
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Allotment Details

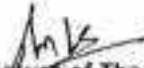
All India Merit Number	1001
Allotted Choice Code	638081710
Allotted Seat Type	EWS
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune	
Tuition Fees (₹)	58453/-	Course 638081710-Pharmaceutics
Development Fees (₹)	13094/-	Admission Date 28-01-2021
Other Fees (₹)	0/-	Admission Type CAP Round
Total Fees (₹)	71547/-	
Remark	Verified & Confirm	

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: 28-01-2021


Signature of The Candidate
(KANAKDANDE TEJASWINI MOHANRAO)

Place: Pune



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 2020 - 2021 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.



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. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20101048

Mode of Admission : Non Sponsored

Personal Details

Full Name	GANORKAR SAYLEE NARESH		
Nationality	Indian	Gender	Female
Date of Birth	15-01-1999	Annual Family Income (₹)	2,50,001 - 3,00,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	Religious Minority - Jain/N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	Yes	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_G01Su45Cm1rFyR
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Allotment Details

All India Merit Number : 277
Allotted Choice Code : 638057510
Allotted Seat Type : GOPEN
Preference No. : 1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tution Fees (₹)	40000/-	Course	638057510-Pharmaceutical Quality Assurance
Development Fees (₹)	0/-	Admission Date	13-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	40000/-		
Remark	Verified & Confirm		

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, suspend me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 13-01-2021

Place: pune



[Signature]
Signature of The Candidate
(GANORKAR SAYLEE NARESH)



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 2020 - 2021 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.



State Common Entrance Test Cell, Maharashtra State, Mumbai
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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 2020 - 2021

Application ID : MPH20102400

Mode of Admission : Non Sponsored

Personal Details

Full Name	SURYAWANSHI SAPNA GANESH		
Nationality	Indian	Gender	Female
Date of Birth	03-10-1998	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	Yes	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GUJKakpRJDGp2A
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Allotment Details

All India Merit Number	1346
Allotted Choice Code	638057510
Allotted Seat Type	GST
Preference No.	5

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi), Pune		
Tuition Fees (₹)	65000/-	Course	638057510-Pharmaceutical Quality Assurance
Development Fees (₹)	0/-	Admission Date	27-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	65000/-		
Remark	Verified & Confirm		

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/ de from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 27-01-2021

Sapna
Signature of The Candidate
(SURYAWANSHI SAPNA GANESH)

Place: *Pune*



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 2020 - 2021 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.



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. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20101854

Mode of Admission : Non Sponsored

Personal Details

Full Name	DHULE KOMAL DILIPRAO		
Nationality	Indian	Gender	Female
Date of Birth	05-05-1999	Annual Family Income (₹)	3,00,001 - 3,50,000
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_G00RtKsDjX6H
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Allotment Details

All India Merit Number	5
Allotted Choice Code	637581710
Allotted Seat Type	GOPEN
Preference No.	1


Reporting Details

Institute	Dr. D.Y. Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune		
Tuition Fees (₹)	0/-	Course	637581710-Pharmaceutics
Development Fees (₹)	14955/-	Admission Date	13-01-2021
Other Fees (₹)	57523/-	Admission Type	CAP Round
Total Fees (₹)	72478/-		
Remark	admission confirmed		

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: 13-01-2021

Place :


Signature of The Candidate
(DHULE KOMAL DILIPRAO)

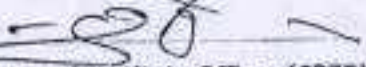


INSTITUTE USE ONLY

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 2020 - 2021 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




Signature of Institute Officer (6375)

Reported On: 13-01-2021 03:12:19 PM

Reported By: 6375

Printed On : 13-01-2021 03:12:34 PM

Printed By: 6375

Last Modified On : 13-01-2021 03:12:19 PM

Last Modified By: 6375



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. Pharmacy / Pharm. D.
(Post Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20100391

Mode of Admission : Non Sponsored

Personal Details

Full Name	BHURE ALKA RAMESH	Gender	Female
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	21-06-1997		
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	Yes	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GGG7268fjq45
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Allotment Details

All India Merit Number	345
Allotted Choice Code	637081710
Allotted Seat Type	GOPEN
Preference No.	8

Reporting Details

Institute	Progressive Education Society's Modern College of Pharmacy, Nigdi, Pune		
Tuition Fees (₹)	50000/-	Course	637081710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	29-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	50000/-		
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 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 transgression of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 29-01-2021

Place: Pune

Signature of The Candidate
(BHURE ALKA RAMESH)



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 2020 - 2021 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 Progressive Education Society's Modern College of Pharmacy, Nigdi, Pune

Signature of Institute Officer (6370)

Reported On: 29-01-2021 01:57:56 PM

Reported By: 6370

Printed On : 29-01-2021 01:57:58 PM

Printed By: 6370

Last Modified On : 29-01-2021 01:57:56 PM

Last Modified By: 6370

29/1/2021





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. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20101962

Mode of Admission : Non Sponsored

Personal Details

Full Name	MALI VAIBHAVI PREMRAJ	Gender	Female
Nationality	Indian	Annual Family Income (₹)	1,50,001 - 2,00,000
Date of Birth	25-05-1998		
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filed by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_G0hkh64cz4gpgH
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Allotment Details

All India Merit Number	727
Allotted Choice Code	520712610
Allotted Seat Type	GOBC
Preference No.	10

Reporting Details

Institute	MET's, Institute of Pharmacy, Bhujbal Knowledge City, Metleague Colleges, Adgaon, Nashik		
Tuition Fees (₹)	53532/-	Course	520712610-Quality Assurance Techniques
Development Fees (₹)	16232/-	Admission Date	29-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	69764/-		
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 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: 29-01-2021

Place : Nashik

Signature of The Candidate
(MALI VAIBHAVI PREMRAJ)



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 2020 - 2021 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.



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, Aungabad
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 28-01-2021 11:45:17 AM

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

Published On: 25-01-2021



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. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20104955

Mode of Admission : Non Sponsored

Personal Details

Full Name	JORVEKAR ANKITA RAJENDRAKUMAR		
Nationality	Indian	Gender	Female
Date of Birth	11-05-1999	Annual Family Income (₹)	7,00,001 - 8,00,000
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹) ₹ 1000/- Payment Status Successful Transaction Id order_GOL6p5NCOplnHK

Allotment Details

All India Merit Number 2527
Allotted Choice Code 519412610
Allotted Seat Type GOBC
Preference No. 1

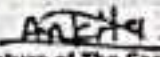
Reporting Details

Institute	Amrutvahini College of Pharmacy, Sangamner		
Tuition Fees (₹)	43478/-	Course	519412610-Quality Assurance Techniques
Development Fees (₹)	13044/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	56522/-		
Remark	Confirmed		

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:28-01-2021

Place: Sangamner



Signature of The Candidate
(JORVEKAR ANKITA RAJENDRAKUMAR)



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 2020 - 2021 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 Amrutvahini College of Pharmacy,
Sangamner


Signature of Institute Officer (5194)

Reported On:28-01-2021 05:02:09 PM
Printed On :28-01-2021 05:02:11 PM
Last Modified On :28-01-2021 05:02:09 PM



Reported By:5194
Printed By:5194
Last Modified By:5194



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. Pharmacy / Pharm. D. (Post Baccalaureate)) for the
year 2020 - 2021

Application ID : MPH20102431

Mode of Admission : Non Sponsored

Personal Details

Full Name	DOORHODE NETA GANMAN		
Nationality	Indian	Gender	Female
Date of Birth	27-04-1997	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OPEN		
Religious Minority / Linguistic Minority	N.A		
PWD Type	N.A		
Type of Candidature	Maharashtra State Candidates - Type A		
FWS Status	N.A	Orphan Status	N.A

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Bill Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GVZ46FT3285W
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Allotment Details

All India Merit Number	2437
Allotted Choice Code	637412518
Allotted Seat Type	OPEN
Preference No.	37

Reporting Details

Institute	Maharashtra Cosmopolitan Education Society's Allana College of Pharmacy, Pune		
Tuition Fees (₹)	20000/-	Course	637412510-Quality Assurance
Development Fees (₹)	0/-	Admission Date	29-01-2021
Other Fees (₹)	250/-	Admission Type	CAP Round
Total Fees (₹)	20250/-		
Remark	Admission Confirmed		

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that as long as I am student of College/Institute, I will not behave in a manner which may lead to 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, suspend me from the Institute, for any infringement of the rules prescribed by the college/institute/university/government. I shall understand given above.

Date: 29-01-2021

(Signature)

Signature of The Candidate
DOORHODE NETA GANMAN



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 Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's photo. 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 Maharashtra Cosmopolitan Education Society's Allana College of Pharmacy, Pune

Signature of Institute Officer (6374)

Reported On: 29-01-2021 01:26:56 PM

Reported By: 6374

Printed On: 29-01-2021 01:27:21 PM

Printed By: 6374

Last Modified On: 29-01-2021 01:26:56 PM

Last Modified By: 6374



National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and All India Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N002905
 Candidate Name: PRATHAMESH MAHADEV PATIL
 Rank: 266
 Choice No. 10
 Category Allotted: GENERAL
 Course Allotted: M.S. (Pharm) Pharmacology & Toxicology
 Institute Allotted: National Institute of Pharmaceutical Education and Research Guwahati



Applicable Fee: Rs. 78625

Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm./M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of Student)



National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N003497
 Candidate Name: VITTHAL VENKATRAO GOPNAR
 Rank: 371
 Choice No. 12
 Category Allotted: OBC
 Course Allotted: M.S. (Pharm) Pharmacology & Toxicology
 Institute Allotted: National Institute of Pharmaceutical Education and Research Guwahati



Applicable Fee: Rs. 78625

Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm./M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of Student)



National Institute Pharmaceutical Education and Research (NIPER)

Ahmedabad, Guwahati, Hajipur, Hyderabad, Kolkata, Raebareli, S.A.S. Nagar

NIPER Joint Entrance Examination 2020 - Master's Program Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.

Application No. N004446
 Candidate Name: KARAN RAJESH SEHGAL
 Rank: 254
 Choice No. 7
 Category Allotted: GENERAL
 Course Allotted: M.S. (Pharm) Pharmacology & Toxicology
 Institute Allotted: National Institute of Pharmaceutical Education and Research Ahmedabad
 Applicable Fee: Rs. 78625



Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2020, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the NIPER shall be taken back, further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER, I also hereby undertake that I shall accept the decision of the NIPER-JEE Committee-2020 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who have granted admission in M.S. (Pharm./M.Pharm./ M.Tech. (Pharm.) programme through NIPER JEE 2020 counselling. I understand if till date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2020 norms. I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of Student)

Marathwada Mitra Mandal's College of Pharmacy
Kalewadi Phata- Pimpri Road,
Thergaon (Kalewadi), Pune-411033

LIST OF STUDENTS PROGRESSING TO HIGHER EDUCATION

Academic Year-2018-19

Sr. No.	Name of students	Year of passing	Name of Institute
For M. Pharm. or M.S			
1.	Ms. Khopade Maya S.	2018-2019	Marathwada Mitra Mandals College of Pharmacy
2.	Ms. Pisal Charushila S.	2018-2019	
3.	Mr. Mittha Pradeep S.	2018-2019	
4.	Ms. Mandale Vijaya R.	2018-2019	Dr. D Y Patil College of Pharmacy, Pimpri, Pune
5.	Mr. Musale Shubham R.	2018-2019	Dr. D Y Patil College of Pharmacy, Pimpri, Pune
6.	Ms. Tambe Pratima S.	2018-2019	AISSMS College of Pharmacy, Pune
7.	Ms. Bhosale Nikita S.	2018-2019	Dr. D Y Patil College of Pharmacy, Akurdi, Pune
8.	Mr. Bhapkar Monika D.	2018-2019	Dr. D Y Patil College of Pharmacy, Akurdi, Pune
9.	Mr. Jagtap Mayur M.	2018-2019	JSPM College of Pharmacy, Hadapsar, Pune
10.	Mr. Pote Aniket B.	2018-2019	NIPER, Guwahati
11.	Mr. Kale Rohit U.	2018-2019	JSPM College of Pharmacy, Tathwade, Pune
Ph.D. in Pharmaceutical Sciences			
1.	Ms. Yelne Ankita G.	2018-19	Bharati Vidyapeeth Poona College of Pharmacy, Pune


Dr. Rahul H. Khiste

Dean, Training, Placement, III & E.D. Cell




Dr. Manohar J. Patil

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



MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(D. Pharm., B. Pharm., M. Pharm., Ph.D.)

Approved by AICTE & PCI, New Delhi

Recognized by Govt. of Maharashtra, DTE (MS)

Affiliated to Savitribai Phule Pune University, Pune (Permanently Affiliated – B. Pharm.)

& Maharashtra State Board of Technical Education, Mumbai

Recognized Under Section 2 (f) and 12 (B) of the UGC Act, 1956



Shri. Shivajirao D. Ganage
President

Prin. Bhausahab G. Jadhav
Exec. President

Shri. Kishor H. Mungale
Secretary

B. Pharm. – Accredited by National Board of Accreditation (NBA)

Ref: MM / COP/ **NBAAC** / 848

Date: 01/07/2021

CERTIFICATE

This is to certify that the following students who have completed their UG i.e. B. Pharm from Marathwada Mitra Mandal's College of Pharmacy, Pune, have been further admitted for PG. Course i.e. M. Pharm in Marathwada Mitra Mandal's College of Pharmacy, Pune. The details of each students for the academic year 2018-19, is as follows-

Sr. No.	Name of the Student	MMCOP Passing Year Batch B. Pharm (UG)	Name of PG Course Admitted	Specialization	Year of Admission
1	Ms. Pisal Charushila S.	2018-19	M .Pharm	Pharmaceutics	2019-20
2	Mr. Mittha Pradeep S.	2018-19	M .Pharm	Pharmaceutics	2019-20
3	Ms. Khopade Maya S.	2018-19	M .Pharm	Pharmacognosy	2019-20

Yours Faithfully,




Dr. Manohar J. Patil
PRINCIPAL
Marathwada Mitra Mandal's
COLLEGE OF PHARMACY
Thergaon (Kalewadi), Pune-411 033

----- *building Pharmacy Professionals through Education par Excellence* -----

S. No. 4/17, Sector No. 34, PCNTDA, Off Kalewadi Phata Pimpri Road, Thergaon, Pune – 411 033 (MS)
Ph. No. 8446060841, E – mail : mmcopharm@yahoo.co.in Website : www.mmcop.edu.in



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. Pharmacy / Pharm. D.
(Post Baccalaureate)) for the year 2019-2020

Application ID : MPH19204488

Mode of Admission : Non Sponsored

Personal Details

Full Name KHORRAGE MAYA SAKUMATH

Nationality Indian

Gender Female

Date of Birth 28-07-1987

Annual Family Income (₹) 5,00,000 - 5,50,000

Category Caste OPEN

Religious Minority / Linguistic N.A
Minority

PWD Type N.A

Type of Candidature Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number 7320

Allotted Choice Code 63801910

Allotted Seat Type OPEN

Preference No. 1

Reporting Details

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

Tuition Fees (₹) 10000/-

Development Fees (₹) 13000/-

Other Fees (₹) 0/-

Total Fees (₹) 23000/-

Remark Confirmed

Course 63801910-Pharmacology
Admission Date 14-08-2019
Admission Type CAE Round



Declaration by Candidate : I hereby agree to conform to rules, acts and laws notified by Government. I hereby undertake that as long as I am student of Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I hereby undertake that the Medical Director of the Institute/College will have the right to examine me from the institute, for any infringement of the rules prescribed by the state government, university, Government and the Institute.

Date 14-08-2019



Manojkumar
Signature of The Candidate
(KHORRAGE MAYA SAKUMATH)



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

Signature of Institute Officer (6380)

Reported On :14-08-2019 01:35:35 PM

Reported By:6380

Printed On :14-08-2019 01:35:01 PM

Printed By:6380

Last Modified On :14-08-2019 01:35:35 PM

Last Modified By:6380

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State Common Entrance Test Cell, Maharashtra State, Mumbai



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. Pharmacy / Pharm. D.
(Post Baccalaureate)) for the year 2019 - 2020

Application ID : MPH19202811

Mode of Admission : Non Sponsored

Personal Details

Full Name PUSAL CHARUSHILA SOPAN

Nationality Indian

Gender Female

Date of Birth 27-06-1997

Annual Family Income (₹) 50,000 - 1,00,000



Category/Caste OPEN

Religious

Minority/Linguistic N.A

Minority

PWD Type N.A

Type of Candidature Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number Nil

Allotted Choice Code 6380171

Allotted Seat Type OPEN

Preference No. -

Reporting Details

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

Tuition Fees (₹) 58453/-

Course 63801710-Pharmaceutics

Development Fees (₹) 13043/-

Admission Date 03-08-2019

Other Fees (₹) 0/-

Admission Type Call Round

Total Fees (₹) 71497/-

Remark Confirm

Declaration by Candidate: I hereby agree to conform to rules, acts and laws notified by Government of Maharashtra and to abide by the conditions of College/Institute. I will not behave in a manner which may result in cancelling the candidature to take regularity admission into the 1st year of the 2 year Full Time Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019 - 2020 in Maharashtra State Common Entrance Test Cell. The candidate has paid the fees mentioned in the receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Date 03/08/2019



Signature of The Candidate

PUSAL CHARUSHILA SOPAN



Place

Declaration by the College/Institute: We hereby declare to admit the Candidate to our College / Institute for the 1st year of the 2 year Full Time Post-Graduate Course in Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019 - 2020 in Maharashtra State Common Entrance Test Cell. The candidate has paid the fees mentioned in the receipt. We also 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

Signature of Institute Officer (6380)

Reported On 03-08-2019 09:05:55 PM

Reported By: N/A

Printed On 03-08-2019 03:02:29 PM

Printed By: N/A

Last Modified On 10-08-2019 03:00:35 PM

Last Modified By: N/A

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honor 8X



State Common Entrance Test Cell, Maharashtra State, Mumbai
 8th Floor, New Excelior 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 : MPH19201715

Mode of Admission : Non Sponsored

Personal Details

Full Name MITHA PRADEEP SADANAND

Nationality Indian

Gender Male

Date of Birth 06-07-1996

Annual Family Income (₹) 7,00,001 - 8,00,000

Category-Caste OBC -Auraha

Religious
Minority/Linguistic N.A
Minority

PWD Type N.A.

Type of Candidature Maharashtra State Candidate - Type A



Allotment Details

All India Merit Number 373

Allotted Choice Code 638081710

Allotted Seat Type OPEN

Preference No. 11

Reporting Details

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

Tuition Fees (₹) 4906/-

Course 638081710-Pharmaceutics

Development Fees (₹) 13094/-

Admission Date 03-08-2019

Other Fees (₹) 0/-

Admission Type CAP Round

Total Fees (₹) 18000/-

Remark Confirm

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, institute me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date 03-08-2019

Place: Kalewadi, Pune



Signature of The Candidate
 (MITHA PRADEEP SADANAND)

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

Signature of Institute Officer (6380)

Reported On: 03-08-2019 04:47:34 PM

Reported By: 6380

Printed On: 03-08-2019 04:48:33 PM

Printed By: 6380

Last Modified On: 03-08-2019 04:47:34 PM

Last Modified By: 6380

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State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelior Building, A.K. Nayak
Marg, Fort, Mumbai-400003. (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 2019 - 2020



Application ID : MPH19202751

Version No. : 2

Personal Details

Full Name MANDALE VIJAYA RAMDAS

Gender Female

Date of Birth 15-08-1997

Type of Candidature Maharashtra State
Candidate - Type A

Category OPEN

Admission Category OPEN

Linguistic Minority N/A

Religious Minority N/A

Person with Disability N/A

Qualifying Exam SSC

SSC Aggregate 88.80 %

Qualifying Exam HSC

HSC Aggregate 73.23 %

Qualifying Exam Bpharm (Appearing)

Bpharm Aggregate NA

GPAT Examination Details

Roll No MR11202978

Score 152

Merit Status

MR 1524 MR 1524 NO 203

Provisional Allotment Details for CAP Round - II

Institute Allotted 6375-Di, D.Y.Patil Institute of Pharmaceutical Science & Research, Pune

Course Allotted Quality Assurance Techniques

Choice Code Allotted 627512610

Seat Type Allotted OPEN

Prof No. Allotted 3

Seat Acceptance Details

Seat Acceptance Status: Freeze

Freeze

Seat Acceptance Confirmation Details: Confirmed

Confirmed

Seat Acceptance Payment Details

Payment Status Successful

Paid Amount ₹ 1000

Declaration I have read all the rules of admission and in understanding these rules I have filled my seat acceptance form for first year of two year full time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2019 - 2020. The information given by me in this application is true to the best of my knowledge & belief. If at any stage it is found that I was dishonest while admission and/or submitted false certificate(s), I am aware that my admission stands cancelled and I may be liable to be subject to legal and/or penal action as per the provisions of the law.

Mandale

Signature of Candidate

(MANDALE VIJAYA RAMDAS)



Date: 01-08-2019

Place:

Confirmed On: 20-07-2019 04:37:30 PM

Printed On: 01-08-2019 03:30:32 PM

Last Modified On: 01-08-2019 03:30:30 PM

Confirmed By: ARC6013

Printed By: ARC6013

Last Modified By: ARC6013

[Handwritten Signature]

IMPORTANT INSTRUCTIONS :


1. You did not get betterment in CAP Round II- Your earlier allotment in CAP Round I is retained.
2. If you are satisfied with retained seat and do not wish to participate in further CAP round, such candidate will freeze the offered seat by reporting to ARC.
3. If such candidate does not report to ARC to freeze the retained seat, then such candidate shall be eligible to submit and claim Option Form for betterment in CAP Round III.
4. You need not have to pay seat acceptance fees at ARC.

Co-Ordinator
ARC 6013
G. P. Pune

State Common Entrance Test Cell, Maharashtra State, Mumbai
 8th Floor, New Excelair Building, A.K. Nayak Marg, Fort, Mumbai-400001 (M.S.)
 Receipt-Acknowledgment 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 : HPH13302408 Mode of Admission : Non Sponsored

Personal Details

Full Name MUSALE SHUBHAM RAJENDRA		
Nationality Indian	Gender Male	
Date of Birth 03-09-1997	Annual Family Income (₹) 15,000 - 35,000	
Category-Other OBC - Ward		
Religion		
Minority/Linguistic P.A		
Minority		
PWD Type N.A.		

Type of Candidature Maharashtra State Candidate - Type A

Admission Details

All India Merit Number 400
Allotted Choice Code 43708738
Allotted Seat Type OBC
Preference No. 1

Reporting Details

Institute Dr. D.Y.Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune	
Tuition Fee (₹) 30750/-	Course 437561710-PharmD100
Development Fee (₹) 13750/-	Admission Date 13-08-2019
Other Fee (₹) 0/-	Admission Type CAP Round
Total Fee (₹) 44500/-	

Remark up.

Declaration by Candidate - I hereby agree to conform to rules, regulations and laws enforced by Government. I hereby undertake that as long as I am student of College/Institute, I will not engage in a manner which may result in compelling the authorities to take disciplinary action against me. I also understand that the Principal/Director of the Institute/College will have rights to suspend, expel or withdraw the merit list holders, for any infringement of the rules prescribed by the college/institute/university/government and the understanding given above.


Date 13-08-2019

Signature of the Candidate
MUSALE SHUBHAM RAJENDRA

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 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 amounting to ₹44500/- . 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 06:09:01 PM

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

Signature of Institute Officer (63275)

Reported By 63275

Printed By 63275

Last Modified By 63275

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Scanned with CamScanner



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. Pharmacy / Pharm. D.
 (Post Baccalaureate)) for the year 2019 - 2020

Application ID : MPH19200068

Mode of Admission : Non Sponsored

Personal Details

Full Name : PRATIMA SUDHIR TAMBE

Nationality : Indian

Gender : Female

Date of Birth : 08-09-1996

Annual Family Income (₹) : 15,001 - 50,000

Category-Caste : OBC -Kunabi

Religious
Minority/Lingualistic
Minority : N.A.

PWD Type : N.A.

Type of Candidature : Maharashtra State Candidate - Type A



Allotment Details

All India Merit Number : 649

Allotted Choice Code : 637682110

Allotted Seat Type : GOBC

Preference No. : 4

Reporting Details

Institute : All India Shri Shivaji Memorial Society's College of Pharmacy, Pune

Tuition Fees (₹) : 50000/-

Course : 637682110-Pharmacology

Development Fees (₹) : 0/-

Admission Date : 23-07-2019

Other Fees (₹) : 0/-

Admission Type : CAP Round

Total Fees (₹) : 50000/-

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 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 : 23-07-2019

Pratima
 Signature of The Candidate
 (PRATIMA SUDHIR TAMBE)



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 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 All India Shri Shivaji Memorial Society's
 College of Pharmacy, Pune

Signature of Institute Officer (6376)

Reported On : 23-07-2019 01:37:49 PM

Reported By : 6376

Printed On : 23-07-2019 01:38:13 PM

Printed By : 6376

Last Modified On : 23-07-2019 01:37:49 PM

Last Modified By : 6376

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ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY
 COLLEGE OF PHARMACY
 Kennedy Road, Near R.T.O. Office,
 Pune - 411 001.




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. Pharmacy /
 Pharm. D. (Post Baccalaureate)) for the year 2019 - 2020

Application ID : MPH19202837

Mode of Admission : Non Sponsored

Personal Details

Full Name BHOSALE NIKITA SANJAY		
Nationality Indian	Gender Female	
Date of Birth 22-04-1998	Annual Family Income (₹) 50,001 - 1,00,000	
Category-Caste OBCB		
Religious		
Minority/Linguistic N.A	Minority	
PWD Type N.A.		
Type of Candidature Maharashtra State Candidate - Type A		

Allotment Details

All India Merit Number:367


Reporting Details

Institute Padm D.Y. Patil College of Pharmacy , Akurdi, Pune	
Tuition Fees (₹) 117400/-	Course 637181710-Pharmaceutics
Development Fees (₹) 13510/-	Admission Date 03-08-2019
Other Fees (₹) 2895/-	Admission Type CAP Round
Total Fees (₹) 133805/-	

Remark: All above original documents submitted at College

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/university/Government and the undertaking given above.

Date: 03-08-2019


 Signature of The Candidate
 (BHOSALE NIKITA SANJAY)

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 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 Padm D.Y. Patil College of Pharmacy
 Akurdi, Pune




 Signature of Institute Officer (6371)

Reported On: 03-08-2019 05:07:54 PM

Reported By: 6371

Printed On : 03-08-2019 05:08:29 PM

Printed By: 6371

Last Modified On : 03-08-2019 05:07:54 PM

Last Modified By: 6371

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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. Pharmacy /
Pharm. D. (Post Baccalaureate)) for the year 2019 - 2020

Application ID : MPH19202357

Mode of Admission : Non Sponsored

Personal Details

Full Name BHAPKAR MONIKA DATTATRAY

Nationality Indian

Gender Female

Date of Birth 07-03-1997

Annual Family Income (₹) 5,50,001 - 6,00,000

Category-Caste OPEN

Religious

Minority/Linguistic N/A

Minority

PWD Type N/A



Signature

Type of Candidature Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number 210

Allotted Choice Code 637181710

Allotted Seat Type GOPEN

Preference No. 2

Reporting Details

Institute Padm D.Y. Patil College of Pharmacy , Akurdi, Pune

Tuition Fees (₹) 117490/-

Course 637181710-Pharmaceutics

Development Fees (₹) 13510/-

Admission Date 03-08-2019

Other Fees (₹) 2898/-

Admission Type CAP Round

Total Fees (₹) 133898/-

Remark All above original documents submitted at College

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: 03-08-2019

Signature of The Candidate
(BHAPKAR MONIKA DATTATRAY)

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 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 Padm D.Y. Patil College of Pharmacy
Akurdi, Pune



Signature of Institute Officer (6371)

Reported On : 03-08-2019 05:11:18 PM

Reported By: 6371

Printed On : 03-08-2019 05:11:55 PM

Printed By: 6371

Last Modified On : 03-08-2019 05:11:18 PM

Last Modified By: 6371

CPR



JSPM'S
JAYAWANTRAO SAWANT
COLLEGE OF PHARMACY & RESEARCH



Jagtap Mayur Madhukar

Address : Sadashiv Peth, Pune
Contact No. : 8380848280
Date of Birth : 24/06/1996
Blood Group : A+

M. Pharmacy

Principal Sign.



National Institute of Pharmaceutical Education and Research (NIPER) - Guwahati

Department of Pharmaceutics, Ministry of Chemicals & Fertilizers, Govt. of India

IDENTITY CARD



Name : Pote Aniket Balasaheb

Father Name: Balasaheb

Discipline : M.S. (Pharm.) Pharmacology &

Valid Upto : July, 2021

D.O.B : 29/03/1997

Reg.No : PC/2019-12/208

Signature of
The Registrar

Dr. P. S. Choudhary

Holder's Signature

Authority Signature

J.S.P.M's
**Rajarshi Shahu College of Pharmacy
& Research S.N.82/2,Pune Mumbai**
bypass Highway, Tathawade, Pune-33



Card No. : **2019112** Roll No.23

Regd. Dt. : 06/09/2019

Name : **Kale Rohit Uttam**

Class : M.Pharm-I Div. :-



Uttam

Librarian

[Signature]
Principal



BHARATI VIDYAPEETH UNIVERSITY
POONA COLLEGE OF PHARMACY

Reaccredited Grade 'A' by NAAC & NBA

Erandawane, Paud Rd. P.

Ph. - 020 - 25437237 Fax - 1

PROVISIONAL IDENTITY CARD

Ankita Yelne

Ph. D.

2019-601



Shreekrupa, C-64, Kabra Nagar, Narid
Narid 431002 Phone-8485869232



Ankita
Student's Sign.

Ankita
Principal's Sign.

Marathwada Mitra Mandal's College of Pharmacy
Kalewadi Phata- Pimpri Road,
Thergaon (Kalewadi), Pune-411033

LIST OF STUDENTS PROGRESSING TO HIGHER EDUCATION

Academic Year-2017-18

Sr. No.	Name of students	Year of passing	Name of Institute
1.	Mr. Bhapkar Nilkanth D.	2017-2018	Marathwada Mitra Mandals College of Pharmacy
2.	Mr. Dixit Abhishek S.	2017-2018	
3.	Ms. Jawale Gayatri K.	2017-2018	
4.	Ms. Tilekar Rasika N.	2017-2018	
5.	Ms. Nagpurkar Shweta V.	2017-2018	
6.	Ms. Karekar Simaran P.	2017-2018	
7.	Ms. Karnawat Gayatri R.	2017-2018	
8.	Mr. Bokhare Suraj R.	2017-2018	
9.	Mr. Nikam Aniket S.	2017-2018	
10.	Ms. Wadavarao Nikeeta S.	2017-2018	
11.	Ms. Kadam Prachi A.	2017-2018	Dr. D.Y. Patil Institute of Pharmaceutical Sciences and Research - [DYPIPSR] Pimpri, Pune
12.	Ms. Shinde Shraddha U.	2017-2018	
13.	Ms. Sawant Pooja B.	2017-2018	
14.	Ms. Bhosale Komal D.	2017-2018	
15.	Mr. Shewale Abhishek D.	2017-2018	Rajashri Shahu College of Pharmacy Tathawade , Pune
16.	Mr. Lahane Purushottam S.	2017-2018	Government College of Pharmacy, Aurangabad
17.	Mr. Shaikh Samir K.	2017-2018	Prin. K.M. Kundnani College of Pharmacy Mumbai



Dr. Rahul H. Khiste

Dean, Training, Placement, III & E.D. Cell



Dr. Manohar J. Patil

(PRINCIPAL)

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



। येने वृत्ताने तिल ।

MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(D. Pharm., B. Pharm., M. Pharm., Ph.D.)

Approved by AICTE & PCI, New Delhi

Recognized by Govt. of Maharashtra, DTE (MS)

Affiliated to Savitribai Phule Pune University, Pune (Permanently Affiliated – B. Pharm.)

& Maharashtra State Board of Technical Education, Mumbai

Recognized Under Section 2 (f) and 12 (B) of the UGC Act, 1956



Defining Health & Happiness

Shri. Shivajirao D. Ganage
President

Prin. Bhausaheb G. Jadhav
Exec. President

Shri. Kishor H. Mungale
Secretary

B. Pharm. – Accredited by National Board of Accreditation (NBA)

Ref: MM / COP/ *NBA/PC* | 848

Date: 01/07/2021

CERTIFICATE

This is to certify that the following students who have completed their UG i.e. B. Pharm from Marathwada Mitra Mandal's College of Pharmacy, Pune, have been further admitted for PG. Course i.e. M. Pharm in Marathwada Mitra Mandal's College of Pharmacy, Pune. The details of each students for the academic year 2017-18 is as follows-

Sr. No.	Name of the Student	MMCOP Passing Year Batch B. Pharm (UG)	Name of PG Course Admitted	Specialization	Year of Admission
1	Ms. Jawale Gayatri K.	2017-18	M .Pharm	Pharmaceutics	2018-19
2	Mr. Dixit Abhishek S.	2017-18	M .Pharm	Pharmaceutics	2018-19
3	Ms. Nagpurkar Shweta V.	2017-18	M .Pharm	Pharmaceutics	2018-19
4	Ms. Karekar Simaran P.	2017-18	M .Pharm	Pharmaceutics	2018-19
5	Ms. Karnawat Gayatri R.	2017-18	M .Pharm	Pharmaceutics	2018-19
6	Mr. Bokhare Suraj R.	2017-18	M .Pharm	Pharmaceutics	2018-19
7	Ms. Wadavarao Nikeeta S.	2017-18	M .Pharm	Pharmaceutics	2018-19
8	Ms. Bhapkar Nilkanth D	2017-18	M .Pharm	Pharmaceutical Quality Assurance	2018-19
9	Ms. Tilekar Rasika N.	2017-18	M .Pharm	Pharmaceutical Quality Assurance	2018-19
10	Mr. Nikam Aniket S.	2017-18	M .Pharm	Pharmaceutical Quality Assurance	2018-19



Yours Faithfully,

Manohar J. Patil
Dr. Manohar J. Patil

PRINCIPAL

Marathwada Mitra Mandal's
COLLEGE OF PHARMACY

Thergaon (Kalewadi), Pune-411 033

----- *building Pharmacy Professionals through Education par Excellence* -----

S. No. 4/17, Sector No. 34, PCNTDA, Off Kalewadi Phata Pimpri Road, Thergaon, Pune – 411 033 (MS)
Ph. No. 8446060841, E – mail : mmcopharm@yahoo.co.in Website : www.mmcop.edu.in



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 : MPH18100200 Mode of Admission : Non Sponsored

Personal Details			
Full Name	BHAPKAR NILKANTH DATTATARYA		
Nationality	Indian	Gender	Male
Date of Birth	14-03-1997	Annual Family Income (₹)	3,50,000 - 4,00,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Bhaskar N.D.

Allotment Details	
All India Merit Number	369

Reporting Details			
Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	25000/-	Course	638012610-Quality Assurance Techniques
Development Fees (₹)	0/-	Admission Date	18-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	25000/-		
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 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 of the undertaking given above.

Date: 18-08-2018

Place :

Bhaskar N.D.
Signature of The Candidate
 (BHAPKAR NILKANTH DATTATARYA)



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

[Signature]
Signature of Institute Officer (6380)

Reported On: 18-08-2018 02:31:51 PM

Reported By: 6380

Printed On: 18-08-2018 02:33:46 PM

Printed By: 6380

Last Modified On: 18-08-2018 02:31:51 PM

Last Modified By: 6380

Jhu



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 : MPH18101390

Mode of Admission : Non Sponsored

Personal Details

Full Name	DIXIT ABHISHEK SUNIL		
Nationality	Indian	Gender	Male
Date of Birth	14-08-1996	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	275
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 (₹)	67766/-	Course	638081710-Pharmaceutics
Development Fees (₹)	5234/-	Admission Date	10-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	74000/-		
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 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 violation of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 10-08-2018

Place: Pune

(Signature)
Signature of The Candidate
(DIXIT ABHISHEK SUNIL)



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 identity. The candidate has paid the Fees mentioned in this receipt. We hereby declare that the admission of Candidate is confirmed in presence of the Candidate.



(Signature)
Signature of Institute Officer (6380)

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

Reported On: 10-08-2018 12:54:03 PM

Reported By: 6380

Printed On :10-08-2018 12:54:23 PM

Printed By: 6380

Last Modified On :10-08-2018 12:54:03 PM

Last Modified By: 6380



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 In 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 GAYATRI KAILAS		
Nationality	Indian	Gender	Female
Date of Birth	19-06-1997	Annual Family Income (₹)	2,50,000 - 3,50,000
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	635081710
Allotted Seat Type	GOPEN
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	67766/-	Course	635081710-Pharmaceutics
Development Fees (₹)	6234/-	Admission Date	16-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	74000/-		

Remark:

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. 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 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: 16-08-2018

Place :

G. J. Jale
Signature of The Candidate
 (JAWALE GAYATRI 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 identity. The candidate has paid the Fees mentioned in this receipt. We 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



A. S. W. S.
Signature of Institute Officer (6380)

Reported On: 16-08-2018 04:26:21 PM

Printed On: 15-08-2018 04:28:32 PM

Last Modified On: 16-08-2018 04:28:21 PM

Reported By: 6380

Printed By: 6380



Last Modified By: 6380



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 : MPH18103008 Mode of Admission : Non Sponsored

Personal Details

Full Name	TILEKAR RASIKA NANASAHEB			 
Nationality	Indian	Gender	Female	
Date of Birth	19-10-1996	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	OBC -Mali			
Religious Minority/Linguistic Minority	N.A.			
PWD Type	N.A.			
Type of Candidature	Maharashtra State Candidate - Type A			

Allotment Details

All India Merit Number	1064
Allotted Choice Code	638012610
Allotted Seat Type	GDSC
Preference No.	1

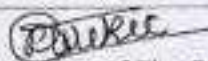
Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy,Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	33883/-	Course	638012610-Quality Assurance Techniques
Development Fees (₹)	6234/-	Admission Date	18-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	40117/-		
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 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: 18-08-2018

Place : Kalewadi


Signature of The Candidate
 (TILEKAR RASIKA NANASAHEB)



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 Identity. The candidate has paid the Fees mentioned in the receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

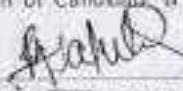
Seal of Marathwada Mitra Mandal's College of Pharmacy,Thergaon(Kalewadi) ,Pune

Reported On : 18-08-2018 01:55:34 PM

Printed On : 18-08-2018 01:55:42 PM

Last Modified On : 18-08-2018 01:55:34 PM




Signature of Institute Officer (6380)

Reported By: 6380

Printed By: 6380

Last Modified By: 6380



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 : MPH18101151

Mode of Admission : Non Sponsored

Personal Details

Full Name	NAGPURKAR SHWETA VILAS		
Nationality	Indian	Gender	Female
Date of Birth	27-03-1997	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	SBC -Halba Koshu (SBC / OBC)		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Shweta

Allotment Details

All India Merit Number	57
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 (₹)	67766/-	Course	638081710-Pharmaceutics
Development Fees (₹)	6234/-	Admission Date	02-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	74000/-		
Remark			

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that as long as I am student of College/ Institute, I will not behave in a manner which may result in disturbing 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: 02-08-2018	Signature of The Candidate (NAGPURKAR SHWETA VILAS) 
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 Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We declare that the admission of Candidate is confirmed in presence of the Candidate.



Shweta
 Signature of Institute Officer (6380)

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

Reported On: 02-08-2018 02:05:11 PM	Reported By: 6380
Printed On : 02-08-2018 02:05:33 PM	Printed By: 6380
Last Modified On : 02-08-2018 02:05:11 PM	Last Modified By: 6380



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 : MPH18100008

Mode of Admission : Non Sponsored

Personal Details

Full Name	SIMRAN PRAVIN KAREKAR		
Nationality	Indian	Gender	Female
Date of Birth	08-11-1996	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OBC - Navi or Nisavi		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Allotment Details

All India Merit Number	1554
Allotted Choice Code	630081710
Allotted Seat Type	GEBC
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	33883/-	Course	630081710-Pharmaceutics
Development Fees (₹)	6234/-	Admission Date	18-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	40117/-		

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 will not engage in a manner which may result in compelling the authorities to take disciplinary action against me. I also understand that the Principals/Institution of the Institute/College will have rights to evict, suspend me from the Institute for any infringement of the rules prescribed by the college/institution/University/Government and the undersigned given above.

Date: 18-08-2018

Signature of The Candidate
(SIMRAN PRAVIN KAREKAR)



Place :

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 2018 - 2019 on verification of Candidate's details. The candidate has paid the Fees mentioned in this receipt. We confirm the admission of Candidate is confirmed in presence of the Candidate.



Signature of Institute Officer (6380)

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

Reported By: 6380

Reported On : 18-08-2018 02:13:39 PM

Printed By: 6380

Printed On : 18-08-2018 02:13:52 PM

Last Modified By: 6380

Last Modified On : 18-08-2018 02:13:39 PM

Simran

18-08-2018



State Common Entrance Test Cell, Maharashtra State, Mumbai
 5th Floor, New Excelior 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 : MPH18103188

Mode of Admission : Non Sponsored

Personal Details			
Full Name	KARNAWAT GAYATRI RAJENDRAKUMAR		
Nationality	Indian	Gender	Female
Date of Birth	14-09-1997	Annual Family Income (₹)	1,00,001 - 1,50,000
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	86
Allotted Choice Code	638081710
Allotted Seat Type	OPEN
Preference No.	1

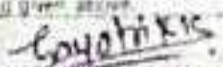

Reporting Details	
Institute: Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune	
Tuition Fees (₹)	67766/-
Development Fees (₹)	6234/-
Other Fees (₹)	0/-
Total Fees (₹)	74000/-
Course	638081710: Pharmaceutics
Admission Date	10-08-2018
Admission Type	CAP Round 2

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 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, suspend me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 18-08-2018

Place: Pune


Signature of The Candidate
 (KARNAWAT GAYATRI RAJENDRAKUMAR)


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 2018 - 2019 on verification of Candidate's identity. The candidate has paid the Fees mentioned in this receipt. We 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



Signature of Institute Officer (6380)

Reported On : 18-08-2018 03:10:38 PM

Reported By: 6380

Printed On : 18-08-2018 03:10:53 PM

Printed By: 6380

Last Modified On : 18-08-2018 03:10:39 PM

Last Modified By: 6380



GOVERNMENT OF MAHARASHTRA
STATE COMMON ENTRANCE TEST CELL
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)
Application Letter of Seat Acceptance Status for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019

Application ID : MPH18100059		Version No : 1
Personal Details		
Full Name	BOKHARE SURAJ RAMESH	
Gender	Male	Date of Birth 25-08-1995
Type of Candidature	Maharashtra State Candidate - Type A	
Category	OPEN	Admission Category OPEN
Linguistic Minority	N.A	Religious Minority N.A
Person with Disability	N.A.	
Qualifying Exam	SSC	SSC Aggregate 66.91 %
Qualifying Exam	HSC	HSC Aggregate 60.33 %
Qualifying Exam	Bpharm (Passed)	Bpharm Aggregate 60.71%
GPAT Examination Details		
Roll No	2181023550	Score 152
Merit Status		
All India Merit No 282		
Provisional Allotment Details for CAP Round - I		
Institute Allotted	6380-Marethwada Mitra Mandal's College of Pharmacy,Thergaon(Kalewadi) ,Pune	
Course Allotted	Pharmaceutics	
Choice Code Allotted	638081710	
Seat Type Allotted	GOPEN	Pref No Allotted 1
Seat Acceptance Details		
Seat Acceptance Status:	Freeze	
Seat Acceptance Confirmation Details:	Not Confirmed	
Note : If candidate fails to report for the acceptance of allotted seat at Admission Reporting Center in scheduled time, it will be treated as if candidate has rejected the allotted seat.		
Seat Acceptance Payment Details		
Payment Status	Successful	Paid Amount ₹ 1000/-
Declaration : I have read all the rules of admission and on understanding these rules I have filled this Seat Acceptance form for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019. The information given by me in this application is true to the best of my knowledge & belief. If at later stage it is found that I have furnished wrong information and/or submitted false certificate(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subject to legal and/or penal action as per the provisions of the law.		
Date	29-07-2018	 Signature of Candidate (BOKHARE SURAJ RAMESH)
Place :		
		
Confirmed On : 29-07-2018 06:57:29 PM	Confirmed By : MPH18100059	
Printed On : 29-07-2018 07:12:24 PM	Printed By : MPH18100059	
Last Modified On : 29-07-2018 07:10:50 PM	Last Modified By : MPH18100059	

IMPORTANT INSTRUCTIONS :



1. If a candidate is allotted the seat as per his first preference:-
a) Such allotment shall be auto frozen and the candidate shall accept the allotment so made.



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 : MPH18101152 Mode of Admission : Non Sponsored

Personal Details

Full Name	NIKAM ANIKET SANJAY			 
Nationality	Indian	Gender	Male	
Date of Birth	19-10-1996	Annual Family Income (₹)	50,001 - 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	325
Allotted Choice Code	638012610
Allotted Seat Type	GOPEN
Preference No.	2


Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalawadi) ,Pune		
Tuition Fees (₹)	67766/-	Course	638012610-Quality Assurance Techniques
Development Fees (₹)	6234/-	Admission Date	02-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	74000/-		
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 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: 02-08-2018

Place :


Signature of The Candidate
 (NIKAM ANIKET SANJAY)



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 Identity. The candidate has paid the Fees mentioned in the receipt. We declare that the admission of Candidate is confirmed in presence of the Candidate.



Seal of Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalawadi) ,Pune	Signature of Institute Officer (6380)
Reported On: 02-08-2018 02:14:39 PM	Reported By: 6380
Printed On : 02-08-2018 02:14:53 PM	Printed By: 6380
Last Modified On : 02-08-2018 02:14:39 PM	Last Modified By: 6380



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelior 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 : MPH18101210

Mode of Admission : Non Sponsored

Personal Details

Full Name	WADAVARAO NIKEETA SIDRAM		
Nationality	Indian	Gender	Female
Date of Birth	08-03-1997	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	SC -Mahar		
Religious Minority/Linguistic Minority	Religious Minority - Buddhist/N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Allotment Details

All India Merit Number	704
Allotted Choice Code	638081710
Allotted Seat Type	GSC
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	42000/-	Course	638081710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	17-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	42000/-		
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 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:17-08-2018
Place :

h2u
Signature of The Candidate
(WADAVARAO NIKEETA SIDRAM)

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



Signature
Signature of Institute Officer (6380)

Reported On:17-08-2018 02:09:20 PM	Reported By:6380
Printed On :17-08-2018 02:09:42 PM	Printed By:6380
Last Modified On :17-08-2018 02:09:20 PM	Last Modified By:6380

DPU

DR. D. Y. PATIL UNITECH SOCIETY'S

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



2018-2020



* 1 8 5 7 0 3 3 0 *

Kadam Prachi Arun

DOB	19/10/1996
Course	M.Pharm.
Blood Group	A+
Cell No	7745041450
Address	Jai Shiu Anar Hos. Mahetrewasti Chikhali, Pune

(Signature)
Principal

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

DPU

DR. D. Y. PATIL UNITECH SOCIETY'S

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



2018-2020



Shinde Sharaddha Uday

DOB	25/09/1996
Course	M.Pharm.
Blood Group	AB-
Cell No	7350005695
Address	Yugaprabhat housing society flat no 5 keshavnagar, chinchwadgaon, Pune 33
Principal	

**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 : MPH18102254

Mode of Admission : Non Sponsored

Full Name		SAWANT POOJA DHIKAI	
Nationality		Indian	
Date of Birth	23-05-1997	Gender	Female
Category-Caste	OPEN	Annual Family Income (₹)	4,50,001 - 5,00,000
Religious Minority/Lingulstic 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	GOPEM
Preference No.	1

Reporting Details

Institute	Dr. D. Y. Patil Vidya Pratishthan Society Dr. D.Y.Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune		
Tuition Fees (₹)	98635/-	Course	637512610-Quality Assurance Techniques
Development Fees (₹)	9864/-	Admission Date	03-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	108500/-		
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, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undersigned herein above.

Date: 03-08-2018

Place:

Signature of The Candidate (SAWANT POOJA DHIKAI)



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 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 Vidya Pratishthan Society Dr. D.Y.Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune



Signature of Institute Officer (6375)

Reported On: 03-08-2018 01:14:04 PM

Printed On: 03-08-2018 01:14:18 PM

Last Modified On: 03-08-2018 01:14:04 PM

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

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Receipt-cum-Acknowledgement for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) 2018 - 2019



State Common Entrance Test Cell, Maharashtra State, Mumbai
 8th Floor, New Excelstar Building, A.K.Nayak Marg, Fort, Mumbai-400002, (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 : MP118030387

Mode of Admission : Non Sponsored

Personal Details

Full Name	SHOSALE KOMAL DILIP		
Nationality	Indian		
Date of Birth	01-10-1996	Gender	Female
Category-Caste	OPEN	Annual Family Income (₹)	4,00,000 - 4,50,000
Religious Minority/Linguistic Minority	N.A		
PWD Type	N.A		
Type of Candidature	Maharashtra State Candidate - Type A		



Allotment Details

All India Merit Number	125
Allotted Choice Code	637512610
Allotted Seat Type	OPEN
Preference No.	1

Reporting Details

Institute	Dr. D. Y. Patil Vidya Pratishthan Society Dr. D.Y.Patil Institute of Pharmaceutical Science & Research, Pimpri, Pune.		
Tuition Fees (₹)	98026/-	Course	637512610-Quality Assurance Technology
Development Fees (₹)	9864/-	Admission Date	03-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	108500/-		
Remark	OK		

Declaration by Candidate : I hereby agree to conform to rules, acts and laws notified by Government. I hereby undertake that as a student of College/Institute, I will not behave in a manner which may result in suspending the admission to this institute/college unless notified. I have undertaken that the Principal/ Director of the institute/college will have rights to suspend, expel me from the institute, for any infringement of the rules prescribed by the college/institute/department and for undertaking good advice.

Date: 03-08-2018

Place :

Signature of The Candidate



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to the First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 in accordance with the rules notified by the Government of Maharashtra. We also declare that the admission of Candidate is confirmed in accordance with the rules notified by the Government of Maharashtra.

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



Institute Officer (6375)

Reported On: 03-08-2018 01:17:51 PM

Reported By: 6375

Printed On: 03-08-2018 01:19:06 PM

Printed By: 6375

Last Modified On: 03-08-2018 01:17:51 PM


Last Modified By: 6375



State Common Entrance Test Cell, Maharashtra State, Mumbai
5th 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 : MPH18101241 Mode of Admission : Non Sponsored

Personal Details

Full Name	SHEWALE ABHISHEK DNYANDEO			
Nationality	Indian	Gender	Male	
Date of Birth	01-07-1996	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	OBC -Kunabi			
Religious Minority/Linguistic Minority	N.A			
PWD Type	N.A.			
Type of Candidature	Maharashtra State Candidate - Type A			

Allotment Details

All India Merit Number : 2005

Reporting Details

Institute	Rajarshi Shahu College of Pharmacy & Research, Tathawade, Pune		
Tuition Fees (₹)	44775/-	Course	636781710-Pharmaceutics
Development Fees (₹)	9950/-	Admission Date	17-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 1
Total Fees (₹)	54725/-		
Remark	CAP Round - III allotment: document submitted		

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: 17-08-2018	 Signature of The Candidate (SHEWALE ABHISHEK DNYANDEO) 
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 Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 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 Rajarshi Shahu College of Pharmacy & Research, Tathawade, Pune	 Signature of Institute Officer (6367)
Reported On: 17-08-2018 01:13:39 PM	Reported By: 6367
Printed On : 17-08-2018 01:13:49 PM	Printed By: 6367
Last Modified On : 17-08-2018 01:13:39 PM	Last Modified By: 6367

3/17/2018

Receipt-cum-Acknowledgement for First Year of Two Year Full Time Post-Graduate Course in Pharmacy (M. Pharm.) 2018 - 2019



State Common Entrance Test Cell, Maharashtra State, Mumbai
5th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(H.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 : MPH18101104

Full Name		LAHANE PURUSHOTTAM SAHADEV		Mode of Admission : Non Sponsored	
Nationality		Indian			
Date of Birth	23-06-1996	Gender	Male		
Category-Caste	OBC -Kunabi	Annual Family Income (₹)	50,001 - 1,00,000		
Religious Minority/Linguistic Minority	N.A				
PWD Type	N.A.				
Type of Candidature	Maharashtra State Candidate - Type A				

Allotment Details

All India Merit Number | 196

Reporting Details

Institute	Government College of Pharmacy, Aurangabad		
Tuition Fees (₹)	15000/-	Course	200981710-Pharmaceutics
Development Fees (₹)	10000/-	Admission Date	17-08-2018
Other Fees (₹)	9300/-	Admission Type	CAP Round 2
Total Fees (₹)	34300/-		
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 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: 17-08-2018

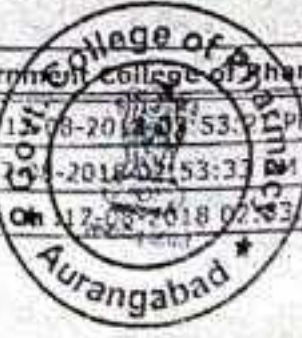
Place :

Signature of The Candidate
(LAHANE PURUSHOTTAM SAHADEV)

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 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 Government College of Pharmacy, Aurangabad	Signature of Institute Officer (2009)
Reported On : 17-08-2018 02:53:21 PM	Principal
Printed On : 17-08-2018 02:53:21 PM	Govt College of Pharmacy
Last Modified On : 17-08-2018 02:53:21 PM	Aurangabad





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 : MPH18101107 Mode of Admission : Non Sponsored

Personal Details

Full Name	SHAIKH SAMIR KHAJABHAI		
Nationality	Indian	Gender	Male
Date of Birth	22-08-1995	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	OPEN		
Religious Minority/Lingualistic Minority	Religious Minority - Muslim/N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



6/0/18

Allotment Details

All India Merit Number 167

Reporting Details

Institute	Prin. K.M. Kundnani College of Pharmacy, Mumbai		
Tuition Fees (₹)	15000/-	Course	301581810-Pharmaceutical Analysis
Development Fees (₹)	40000/-	Admission Date	18-08-2018
Other Fees (₹)	70000/-	Admission Type	CAP Round 2
Total Fees (₹)	125000/-		
Remark	Candidate admitted in CAP 3		

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: 18-08-2018

Place :

Shaikh
Signature of the Candidate
(SHAIKH SAMIR KHAJABHAI)



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 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 Prin. K.M. Kundnani College of Pharmacy, Mumbai

Reported On : 18-08-2018 04:41:30 PM

Printed On : 18-08-2018 04:41:38 PM

Last Modified On : 18-08-2018 04:41:30 PM



P. K. Kundnani
Signature of Institute Officer (3015)

Prin. K.M. Kundnani College of Pharmacy

Reported By: 3015
Printed By: 3015

aided and Accredited by NCTE

23-Rambhai Salunke Marg

off. Prinde. Colaba, Mumbai - 400 004

Marathwada Mitra Mandal's College of Pharmacy
Kalewadi Phata- Pimpri Road,
Thergaon (Kalewadi), Pune-411033

LIST OF STUDENTS PROGRESSING TO HIGHER EDUCATION

Academic Year-2016-17

Sr. No.	Name of students	Year of passing	Name of Institute
1	Mr. Bodke Prameshwar P.	2016-2017	Marathwada Mitra Mandals College of Pharmacy
2	Mr. Chavan Bhaskar U.	2016-2017	
3	Ms. Didbhai Pranjali M.	2016-2017	
4	Mr. Holkar Shekhar S.	2016-2017	
5	Mr. Jawanjal Pranay A.	2016-2017	
6	Ms. Yadav Jyoti N.	2016-2017	
7	Ms. Mehetre Komal C.	2016-2017	
8	Mr. Thorat Vaibhav P.	2016-2017	NIPER, Mohali
9	Mr. Sirsat Dnyaneshwar U.	2016-2017	NIPER, Mohali
10	Mr., Bhise Shubham A.	2016-2017	NIPER, Hyderabad



Dr. Rahul H. Khiste

Dean, Training, Placement, III & E.D. Cell



Dr. Manohar J. Patil

(Principal)

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



। सर्वे सृष्टिं विद्मः ।

MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(D. Pharm., B. Pharm., M. Pharm., Ph.D.)

Approved by AICTE & PCI, New Delhi

Recognized by Govt. of Maharashtra, DTE (MS)

Affiliated to Savitribai Phule Pune University, Pune (Permanently Affiliated – B. Pharm.)

& Maharashtra State Board of Technical Education, Mumbai

Recognized Under Section 2 (f) and 12 (B) of the UGC Act, 1956



MMCOP
Building Health & Happiness

Shri. Shivajirao D. Ganage
President

Prin. Bhausaheb G. Jadhav
Exec. President

Shri. Kishor H. Mungale
Secretary

B. Pharm. - Accredited by National Board of Accreditation (NBA)

Ref: MM / COP/ *NBAEC* / 848

Date: 01/07/2021

CERTIFICATE

This is to certify that the following students who have completed their UG i.e. B. Pharm from Marathwada Mitra Mandal's College of Pharmacy, Pune, have been further admitted for PG. Course i.e. M. Pharm in Marathwada Mitra Mandal's College of Pharmacy, Pune. The details of each students for the academic year 2016-17 is as follows-

Sr. No.	Name of the Student	MMCOP Passing Year Batch B. Pharm (UG)	Name of PG Course Admitted	Specialization	Year of Admission
1	Mr. Bodke Prameshwar P.	2016-17	M .Pharm	Pharmaceutics	2017-18
2	Mr. Chavan Bhaskar U.	2016-17	M .Pharm	Pharmaceutics	2017-18
3	Ms. Didbhai Pranjali M.	2016-17	M .Pharm	Pharmaceutics	2017-18
4	Mr. Holkar Shekhar S.	2016-17	M .Pharm	Pharmaceutics	2017-18
5	Mr. Jawanjal Pranay A.	2016-17	M .Pharm	Pharmaceutics	2017-18
6	Ms. Yadav Jyoti N.	2016-17	M .Pharm	Pharmaceutics	2017-18
7	Ms. Mehetre Komal C.	2016-17	M .Pharm	Pharmacognosy	2017-18



Yours Faithfully,

Dr. Manohar J. Patil

PRINCIPAL

Marathwada Mitra Mandal's
COLLEGE OF PHARMACY

Thergaon (Kalewadi), Pune-411 033

----- *building Pharmacy Professionals through Education par Excellence*

S. No. 4/17, Sector No. 34, PCNTDA, Off Kalewadi Phata Pimpri Road, Thergaon, Pune – 411 033 (MS)
Ph. No. 8446060841, E – mail : mmcopharm@yahoo.co.in Website : www.mmcop.edu.in

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 No: MH17101205


Mode of Admission: Non Sponsored


Personal Details	
Full Name: BODKE BHARISHWAR BANOITRAO	Gender: Male
Nationality: Indian	Annual Family Income (₹): 3,00,000 - 3,50,000
Date of Birth: 25-11-1991	Applied For EBC No:
Category-Caste: OBCB	
Religious Minority/Linguistic Minority: N/A	
PWD Type: Not Applicable	
Type of Candidature: Maharashtra State Candidate - Type A	
Allotment Details	
State Level Merit Number: 1853	
Allotted Choice Code: 638091710	
Allotted Seat Type: GDPII	
Preference No.: 1	

Reporting Details	
Institute: Marathwada Mitra Mandals College of Pharmacy, Thergaon(Kulewadi) , Pune	
Fees: 10000/-	Course: 678011730-Pharmaceutics
Development Fees: 0/-	Admission Date: 18-08-2017
Other Fees: 0/-	Admission Type: CAP Round
Total Fees: 10000/-	
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 will not do anything which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college have rights to expel, suspend me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaken responsibility.

Date: 18-08-2017


 Signature of the Candidate
 BODKE BHARISHWAR BANOITRAO


 Barcode

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 2017 - 2018 on verification of Candidate's Identity. The Candidate has paid the Fees personally and we hereby warrant that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Marathwada Mitra Mandals College of Pharmacy, Thergaon(Kulewadi)

Place:

Reported On: 18-08-2017 12:22:10 PM

Printed On: 18-08-2017 12:22:12 PM

Last Modified On: 18-08-2017 12:22:10 PM

URL: http://www.mah17101205.maharashtra.org/mpharm17/institute_reporting.php/institute_reporting/admissionreport/678011730/638091710/1853



Signature

Reported By:
Printed By:
Last Modified By:

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 Level Admission as Against CAP Vacancy for Admission to First Year Of 1st Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018

Registration ID : MPH17102296

Sponsorship Status : Non-Sponsor

Personal Details :

Full Name	CHAVAN BHASKAR UTTAMRAO		
Nationality	Indian	Date of Birth	
Gender	Male	21-10-1995	
Category-Caste	OT(V) NT(A) - Bangara	Annual Family Income (₹)	
Applied For EBC	No	50,001 - 1,00,000	
PH Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		

B-Pharmacy Details			
B-Pharmacy Status	Appearing	B, Pharmacy University	Savitribai Phule Pune University
Examination			
B-Pharmacy /Final Year /Semester			
Qualification Details:		Marks Obtained	Out of
		Appearing	Percentage
12th/H.S.C. Aggregate		373	60.50
10th/S.S.C. Aggregate		369	71.30

Institute Details :

Institute Name	6380 - Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kherwadi) , Pune (In Affil. Non-Autonomous - Non-Minority)		
Tuition Fees (₹)	5818/-	Course Name	638081710-Pharmaceutics
Development Fees (₹)	5818/-	Admission Date	30-08-2017
Other Fees (₹)	7005/-	Admission Type	Against CAP
Total Fees (₹)	71005/-	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 this college / institute / school / college in a manner which may result in compelling the authorities to take disciplinary action against me, I fully understand that the Principal / Director / Head of Institute / school will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college / institute / university / Government / Governmental authorities.

Date: 30-08-2017

Place:

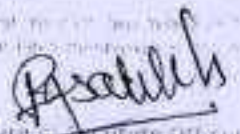
Signature of The Candidate
 (CHAVAN BHASKAR UTTAMRAO)


INSTITUTE USE ONLY

Declaration by The College/Institute : We hereby declare that, we are admitting the Candidate to our College / Institute for cap / vacancy for 1st 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 fee as mentioned on the receipt. The admission of Candidate is confirmed in presence of the Candidate.

Head of Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kherwadi) , Pune




 Signature of Institute Officer: 30-08-2017

Seal: 30-08-2017 02:58:15 PM
 Date: 30-08-2017 02:58:15 PM
 Seal Modified On: 30-08-2017 02:58:15 PM

Reported by:
 Printed By:
 Last Modified By:

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 Level Admission as Against CAP Vacancy for Admission to First Year of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2017 - 2018

Application No: MRH17102496

Sponsorship Status: Non-Sponsored

Personal Details:

Full Name: DEDBHAJ PRANJALI MUKUND	Date of Birth: 27-08-1994
Nationality: Indian	Annual Family Income (₹): 2,50,001 - 3,00,000
Gender: Female	Category-Caste: OPEN
PH Type: Not Applicable	Type of Candidature: Maharashtra State Candidate - Type A



B-Pharmacy Details

B.Pharmacy Status: Appearing	B. Pharmacy University: Savitribai Phule Pune University
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Qualification Details:

Examination	Marks Obtained	Out of	Percentage
B.Pharmacy Final Year/Semester	Appearing	Appearing	Appearing
12th/ H.S.C. Aggregate	270	600	45.00
10th/ B.S.C. Aggregate	406	600	67.66

Institute Details:

Institute Name: 6380 - Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalewadi), Pune Non-Autonomous - Non-Minority	Course Name: 638061710-Pharmedicates
Tuition Fees (₹): 58182/-	Admission Date: 30-08-2017
Development Fees (₹): 5818/-	Admission Type: Against CAP
Other Fees (₹): 7005/-	Remark:
Total Fees (₹): 71005/-	

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 working for the B.Pharmacy, 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 of the Institute/College will have rights to expel, terminate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government in the undertakings given above.

Date: 27-08-2017

Signature of The Candidate
 (DEDBHAJ PRANJALI MUKUND)



Place:

INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that, we are admitting the Candidate in 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 and amount of the same has been deposited in the bank for the admission of Candidate & confirmed in presence of the Candidate.

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

R: 10-08-2017 02:04:34 PM
 P: 10-08-2017 02:04:39 PM
 Last Modified On: 10-08-2017 02:04:34 PM



(Signature)
 Name: _____
 Designation: _____

Registered in
 Maharashtra
 Last Modified: 10/08/2017

State Common Entrance Test Cell, Maharashtra State, Mumbai
305, Government Polytechnic Building, 45, 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 No: HPH17101259

Mode of Admission: Non Sponsored

Personal Details

Full Name: HOLKAR, SHERMINI SANJAY	Gender: Male
Nationality: Indian	Annual Family Income (₹): 5,00,001 - 5,50,000
Date of Birth: 25-07-1995	Applicant For EBC: No
Category-Caste: OPHN	
Disability Minority/Linguistic Minority: N.A.	
PwD Type: Not Applicable	
Type of Candidature: Maharashtra State Candidate - Type A	

Allotment Details

State Level Merit Number: 740
Allotted Choice Code: 638001710
Allotted Seat Type: OPHN
Preference No: 1

Reporting Details:

Institute: Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kulewadi) ,Pune	Course: 638001710-Pharmaceutics
Tuition Fees (₹): 10000/-	Admission Date: 15-08-2017
Development Fees (₹): 0/-	Admission Type: CAP Round
Other Fees (₹): 0/-	
Total Fees (₹): 10000/-	
Remark:	

I, the 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 do anything which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute will not be held responsible for any arrangement of the fees prescribed by the college/institute/university/Government and I'm undertaking from myself.

Date: 15-08-2017

S.S. Holkar
 Signature of The Candidate
 HOLKAR SHERMINI SANJAY



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 2017 - 2018 on verification of Candidate's Identity. The Candidate has paid the Fees mentioned in this receipt and we confirm that the admission of Candidate is confirmed in presence of the Candidate.

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



(Signature)
 Signature of Institute Officer (S.O.)

Reported On: 15-08-2017 12:26:34 PM
 Printed On: 15-08-2017 12:26:36 PM
 Last Modified On: 15-08-2017 12:26:34 PM

Reported by: _____
 Printed by: _____
 Last Modified by: _____

URL: http://hpharm17.dcmaharashtra.org/ropharm17/institute_report.php/institute_reporting/admtreceipt?id=PH03NCS=6rmdsNQ==

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

Form No: MPH17102559

Mode of Admission : Non Sponsored

Personal Details

Full Name	JAYANAL PRANAY ASHOKRAO	
Nationality	Indian	Gender: Male
Date of Birth	09-01-1994	Annual Family Income (₹) 15,001 - 50,000
Category-Caste	OBC - Kumbhi	Applied For EBC No
Religious Minority / Linguistic Minority	N/A	
PWD Type	Not Applicable	
Type of Candidature	Maharashtra State Candidate - Type A	

Allotment Details

State Level Merit Number	2388
Allotted Choice Code	638081710
Allotted Seat Type	GOBC
Preference No.	1

Reporting Details

Institute: Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kherwadi) ,Pune

Tuition Fees (₹)	22000/-	Course	638081710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	16-08-2017
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	22000/-		

Remarks

I, the Candidate, 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 engage in any manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Dean of the institution will have the right to suspend, 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: 16-08-2017

Place:

(Signature)

Signature of The Candidate
JAYANAL PRANAY ASHOKRAO



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. This admission is confirmed in presence of the Candidate.

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

Registered On: 16-08-2017 05:09:50 AM
 Printed On: 16-08-2017 05:09:52 PM
 Last Modified On: 16-08-2017 05:09:50 PM



(Signature)

Signature of Institute Officer (EBC)

Registered By: _____
 Printed By: _____
 Last Modified By: _____

URL: http://mptarm172.maharashtra.gov.in/mpharm17/institute_report.php/institute_reporting

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 : MPH17100172 Mode of Admission : Non Sponsored

Personal Details	
Full Name: YADAV JYOTI NARAYAN	Gender: Female
Nationality: Indian	Annual Family Income (₹): 15,000 - 50,000
Date of Birth: 00-01-1995	Applied For EDC: No
Category: Caste - OBC-N	
Religious Minority/Linguistic Minority: N.A.	
PWD Type: Not Applicable	
Type of Candidature: Maharashtra State Candidate - Type A	

Allotment Details
State Level Merit Number: 327
Allotted Choice Code: 038081710
Allotted Seat Type: OPEN
Preference No.: 1

Reporting Details	
Institute: Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalewadi), Pune	
Tuition Fees (₹): 35000/-	Course: 038081710-Pharmacology
Development Fees (₹): 0/-	Admission Date: 16-08-2017
Other Fees (₹): 0/-	Admission Type: CAP Round
Total Fees (₹): 35000/-	
Remark:	

I, Yadav Jyoti Narayan Candidate, I hereby agree to conform to rules, acts and laws enforced by Governments. I hereby undertake that so long as I am student of College/Institute I shall not engage in any activity which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/University may suspend my admission 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

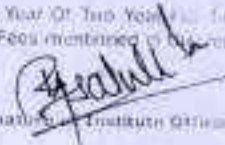
Accepted by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course in Pharmacy (M. Pharm.) for the year 2017 - 2018 on verification of Candidate's Merit. The candidate has paid the Fees mentioned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

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

Reported On: 16-08-2017 01:12:23 PM
 Printed On: 16-08-2017 01:10:25 PM
 Last Modified On: 16-08-2017 01:10:23 PM

URL: http://mopharm17.ilemaharashtra.org/mpharm17/institute_report.php/institute_reporting/adm/rece...




 Signature of Institute Officer (E-Off)
 Reporting By:
 Printed By:
 Last Modified By: 01/08/2017



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 : MPH17100559

Mode of Admission : Non-Sponsored

Personal Details

Full Name	MEHETRE KOMAL CHANDRAKANT		
Nationality	Indian	Gender	Female
Date of Birth	07-12-1993	Annual Family Income (₹)	4,00,001 - 4,50,000
Category-Caste	OBC - Mail	Applied For EBC	No
Religious Minority/Linguistic Minority	N.A		
PWD Type	Not Applicable		
Type of Candidature	Maharashtra State Candidate - Type A		



Allotment Details

State Level Merit Number	2686
Allotted Choice Code	638061910
Allotted Seat Type	GDPEIS
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalewadi), Pune		
Tuition Fees (₹)	0/-	Course	638061910-Pharmacognosy
Development Fees (₹)	0/-	Admission Date	16-08-2017
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 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 has the right to suspend, expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undersigned shall accept the decision of the authorities.

Date: 16-08-2017

Place:

[Signature]
 Signature of The Candidate
 (MEHETRE KOMAL CHANDRAKANT)



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 2017 - 2018 on verification of Candidate's identity. The candidate has paid the Fees mentioned in the receipt and we also 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 11:53:35 AM
 Printed On: 16-08-2017 11:53:42 AM
 Last Modified On: 16-08-2017 11:53:35 AM

URL: http://mpharm17.demaharashtra.org/mpharm17/institute_report.php/institute_reporting/admic



[Signature]
 Signature of Institute Officer (6380)

Reported By: 201
 Printed By: 201
 Last Modified By: 201



**NATIONAL INSTITUTE OF PHARMACEUTICAL
EDUCATION AND RESEARCH (NIPER)**

(Ministry of Chemicals & Fertilizers, Govt. of India)



I. Card No. : 17PEM2630
Name : THORAT VAIBHAV PRAKASH
Programme : M.S. PHARM
Department : PE
Blood Group : A+ve
Valid Upto : 2019

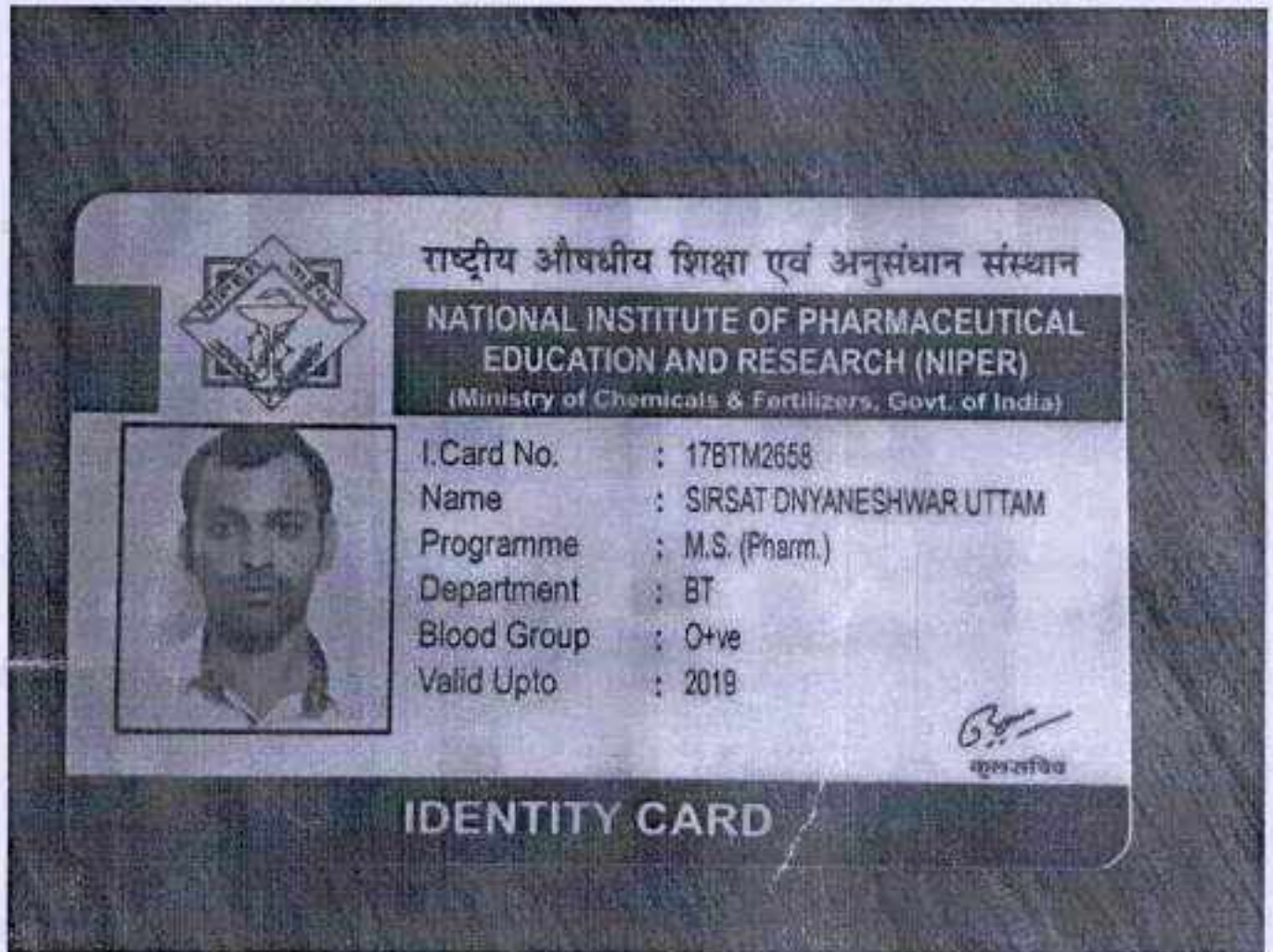

कुलसचिव

Subject: Sirsat NIPER Photo

From: rahulkhiste@yahoo.com

To: rahulkhiste@yahoo.com

Date: Sunday, 15 July, 2018, 11:51:29 AM IST



Sent from Yahoo Mail on Android



NIPER HYDERABAD

National Institute of Pharmaceutical Education and Research
(DoP, Ministry of Chemicals & Fertilizers, GoI)

Balanagar, Hyderabad-500037, T.S., INDIA, PH: 040-23073741.



STUDENT IDENTITY CARD

Name : Bhise Shubham Ashok

Regn.No : PE/2017/303

D.O.B. : 02.11.1995

Course : M.S.(Pharm)-Pharmaceutics

Valid : Aug-2017 - June 2019

Date : 02.08.2017

Bhise Shubham

Registrar



Marathwada Mitra Mandal's College of Pharmacy
Kalewadi Phata- Pimpri Road,
Thergaon (Kalewadi), Pune-411033

LIST OF STUDENTS PROGRESSING TO HIGHER EDUCATION

Academic Year-2015-16

Sr. No.	Name of students	Year of passing	Name of Institute
1	Ms. Daware Sonal P.	2015-2016	Marathwada Mitra Mandals College of Pharmacy, Pune
2	Ms. Dhakne Bhagyashri S.	2015-2016	
3	Ms. Gaikwad Snehal A.	2015-2016	
4	Mr. Gholave Vishal L.	2015-2016	
5	Ms. Navasare Priya A.	2015-2016	
6	Ms. Sutar Nivedita P.	2015-2016	
7	Ms. Panbude Aishwarya S.	2015-2016	
8	Ms. Lohakare Priya A.	2015-2016	
9	Mr. Wagh Jayant R.	2015-2016	NIPER, Ahmadabad
10	Ms. Lohar Priyanka Y.	2015-2016	
11	Ms. Jadhav Swati A.	2015-2016	NIPER, Mohali
12	Mr. Walunjakar Amol S.	2015-2016	NIPER, Mohali
13	Ms. Pathak Mayuri V.	2015-2016	NIPER, Mohali
14	Ms. Zirange Aparna D.	2015-2016	AISSMS College of Pharmacy, Pune.

Post-graduation in Management 2015-2016

Sr. No.	Name of students	Year of passing	Name of Institute
1	Ms. Shingote Neha A.	2015-2016	S.B. Patil Institute of Management, Pune.
2	Waghmare Kalyani P.	2015-2016	Welingkar Institute, Martunga, Mumbai.


Dr. Rahul H. Khiste

Dean, Training, Placement, III & E.D. Cell




Dr. Manohar J. Patil

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



MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY

(D. Pharm., B. Pharm., M. Pharm., Ph.D.)

Approved by AICTE & PCI, New Delhi

Recognized by Govt. of Maharashtra, DTE (MS)

Affiliated to Savitribai Phule Pune University, Pune (Permanently Affiliated – B. Pharm.)

& Maharashtra State Board of Technical Education, Mumbai

Recognized Under Section 2 (f) and 12 (B) of the UGC Act, 1956



Shri. Shivajirao D. Ganage
President

Prin. Bhausaheb G. Jadhav
Exec. President

Shri. Kishor H. Mungale
Secretary

B. Pharm. – Accredited by National Board of Accreditation (NBA)

Ref: MM / COP / **NBA C / 348**

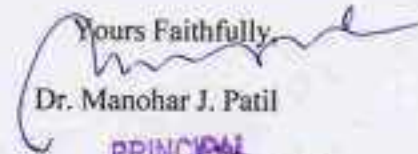
Date: 01/07/2021

CERTIFICATE

This is to certify that the following students who have completed their UG i.e. B. Pharm from Marathwada Mitra Mandal's College of Pharmacy, Pune, have been further admitted for PG. Course i.e. M. Pharm in Marathwada Mitra Mandal's College of Pharmacy, Pune. The details of each students for the academic year 2015-16, is as follows-

Sr. No.	Name of the Student	MMCOP Passing Year Batch B. Pharm (UG)	Name of PG Course Admitted	Specialization	Year of Admission
1	Ms. Dhakne Bhagyashri S.	2015-16	M .Pharm	Pharmaceutics	2016-17
2	Ms. Gaikwad Snehal A.	2015-16	M .Pharm	Pharmaceutics	2016-17
3	Ms. Navasare Priya A.	2015-16	M .Pharm	Pharmaceutics	2016-17
4	Ms. Sutar Nivedita P.	2015-16	M .Pharm	Pharmaceutics	2016-17
5	Ms. Panbude Aishwarya S.	2015-16	M .Pharm	Pharmaceutics	2016-17
6	Ms. Daware Sonal P.	2015-16	M .Pharm	Quality Assurance Technique	2016-17
7	Mr. Gholave Vishal L.	2015-16	M .Pharm	Quality Assurance Technique	2016-17
8	Ms. Lohakare Priya A.	2015-16	M .Pharm	Quality Assurance Technique	2016-17



Yours Faithfully

Dr. Manohar J. Patil

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

----- *building Pharmacy Professionals through Education par Excellence* -----



Application ID : MPH16101380				
Personal Details				
Full Name	DAWARE SONAL POPAT			
Nationality	Indian	Gender		Female
Date of Birth	17-07-1995	Annual Family Income (₹)		50,001 - 1,00,000
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			
Allocation Details				
State Level Merit Number		1355		
Allotted Choice Code		638012610		
Preference No.		1		
Reporting Details				
Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune			
Tuition Fees (₹)	10000/-	Course	638012610-Quality Assurance Techniques	
Development Fees (₹)	0/-	Admission Date	13-08-2016	
Other Fees (₹)	0/-	Admission Type	Against CAP	
Total Fees (₹)	10000/-			
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 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: 16-08-2016

Signature of The Candidate
(DAWARE SONAL POPAT)

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 Of 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 in presence of the Candidate.

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

Created On : 14-08-2016 04:15:29 PM

Created On : 16-08-2016 01:58:21 PM

Last Modified On : 15-08-2016 07:56:50 AM

URL : http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admitreceipt?id=MjExNw==&mid=OA==

Signature of Institute Officer (6380)

Reported By: 6380

Printed By: 6380


Last Modified By: 6380



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 : MPH16102029

Personal Details

Full Name	DHAKNE BHAGYASHRI SHANKAR			
Nationality	Indian	Gender	Female	
Date of Birth	27-04-1994	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	NT-3 (NT-D) -Vanjarl	Applied For EBC	No	
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			

Allotment Details

State Level Merit Number	1429
Allotted Choice Code	638081710
Allotted Seat Type	GOREN
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	0/-	Course	638081710-Pharmaceutics
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 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: 12-08-2016

Place :

Signature of The Candidate
(DHAKNE BHAGYASHRI SHANKAR)



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 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 in the presence of the Candidate.

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

Reported On : 12-08-2016 03:09:32 PM

Printed On : 12-08-2016 03:09:37 PM

Modified On : 12-08-2016 03:09:32 PM

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/admissionreport?id=MTA4&md=Mg==



Signature of Institute Officer (6380)


Reported By: 6380

Printed By: 6380

Last Modified By: 6380



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 : MPH16101124				
Personal Details				
Full Name	GAIKWAD SNEHAL ASHOK		 Signature	
Nationality	Indian	Gender		Female
Date of Birth	25-12-1994	Annual Family Income (₹)		50,001 - 1,00,000
Category-Caste	SC -Chambhar	Applied For EBC		No
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			
Allotment Details				
State Level Merit Number	400			
Allotted Choice Code	638012010			
Allotted Seat Type	GOPEN			
Preference No.	1			
Reporting Details				
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 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:12-08-2016

Signature of The Candidate
(GAIKWAD SNEHAL ASHOK)

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 Of 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 in the presence of the Candidate.

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

Created On : 12-08-2016 03:37:49 PM
 Saved On : 12-08-2016 03:37:52 PM
 Last Modified On : 12-08-2016 03:37:49 PM




Snehal
Signature of Institute Officer (6380)

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

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_reporting/acceptReport?id=MTUx&md=MQ==



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 : MPH16102009				
Personal Details				
Full Name	GHOLAVE VISHAL LAXMAN		 <i>Gholave</i>	
Nationality	Indian	Gender		Male
Date of Birth	25-10-1994	Annual Family Income (₹)		2,00,001 - 3,00,000
Category-Caste	NT 3 (NT-D) -Varjari	Applied For EBC		No
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			
Allotment Details				
State Level Merit Number	1868			
Allotted Choice Code	638012611			
Allotted Seat Type	GOPEN			
Preference No.	1			
Reporting Details				
Institute	Marathwada Mitra Mandar's College of Pharmacy, Thergaon(Kalewadi) ,Pune			
Tuition Fees (₹)	0/-	Course	638012611-Quality Assurance Techniques(Sponsored)	
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 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:12-08-2016

Gholave
Signature of The Candidate
 (GHOLAVE VISHAL LAXMAN)



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 Of 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 in presence of the Candidate.

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

Created On:12-08-2016 02:58:14 PM
 Edited On:12-08-2016 02:58:17 PM
 Last Modified On:12-08-2016 02:58:14 PM
 URL: http://mpharm16.dte.maharashtra.org/mpharm16/institute_report.php/institute_report.php?instid=ODg+8md=NA==



[Signature]
Signature of Institute Officer (6380

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



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 : MPH16101114				
Personal Details				
Full Name	NAVASARE PRIYA ANKUSH			
Nationality	Indian	Gender		Female
Date of Birth	27-03-1995	Annual Family Income (₹)		50,001 - 1,00,000
Category-Caste	OPEN -Open	Applied For EBC		Yes
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			
Allotment Details				
State Level Merit Number	773			
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 (₹)	0/-	Course	638081710-Pharmaceutics	
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 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: 12-08-2016

Place :

Signature of The Candidate
(NAVASARE PRIYA ANKUSH)



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 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 in presence of the Candidate.

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



Signature of Institute Officer (6380)

Reported On: 12-08-2016 03:02:33 PM

Printed On: 12-08-2016 03:02:41 PM

Modified On: 12-08-2016 03:02:33 PM

Reported By: 6380

Printed By: 6380

Last Modified By: 6380

URL: http://mpharm16.dte.maharashtra.org/mpharm16/institute_report.php/institute_reporting/adm...&cmd=MQ==



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

Personal Details

Full Name	SUTAR NIVEDITA PRAKASH		Gender	Female
Nationality	Indian		Annual Family Income (₹)	1,00,000 - 2,00,000
Date of Birth	20-05-1995		Applied For EBC	No
Category-Caste	OPEN -Open			
Religious Minority /Linguistic Minority	N.A.			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			



Allotment Details

State Level Merit Number	661
Allotted Choice Code	638012610
Allotted Seat Type	GOPEM
Preference No.	1

Reporting Details

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 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: 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 Of 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 on the basis of the Candidate's

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/MTU38?nd=MQ



Signature of Institute Officer (638012610)


Reported By: 638
Printed By: 638
Last Modified By: 638



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 : MPH16101043

Personal Details

Full Name	AISHWARYA SHASHIKANT PANBUDE			 <i>Aishwarya Shashikant Panbude</i>
Nationality	Indian	Gender	Female	
Date of Birth	15-01-1995	Annual Family Income (₹)	2,00,001 - 3,00,000	
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			

Allotment Details

State Level Merit Number	1424
Allotted Choice Code	638081710
Allotted Seat Type	GOVERN
Preference No.	1

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon (Kalewadi), Pune		
Tuition Fees (₹)	0/-	Course	638081710-Pharmaceutics
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 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: 12-08-2016

Place :

Signature of The Candidate
(AISHWARYA SHASHIKANT PANBUDE)



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 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 on the signature of the Candidate.

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

Reported On: 12-08-2016 03:13:17 PM

Printed On: 12-08-2016 03:13:27 PM

Modified On: 12-08-2016 03:13:17 PM

URL: http://mpharm16.dtmaharashtra.org/mpharm16/institute_report.php/institute_reporting/admission/16101043/18md=MQ==



Aishwarya Shashikant Panbude
Institute Officer (638081710)

Reported By: 638081710

Printed By: 638081710


Last Modified By: 638081710



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 : MPH16102018

Personal Details

Full Name	LOHAKARE PRIYA ANKUSH			 <i>Signature</i>
Nationality	Indian	Gender	Female	
Date of Birth	07-05-1995	Annual Family Income (₹)	50,001 - 1,00,000	
Category-Caste	SC -Chambhar	Applied For EBC	No	
Religious Minority/Linguistic Minority	N.A			
PWD Type	Not Applicable			
Type of Candidature	Maharashtra State Candidate - Type A			

Allotment Details

State Level Merit Number	1460
Allotted Choice Code	638012610
Allotted Seat Type	GSC
Preference No.	1

Reporting Details

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 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:12-08-2016

Signature of The Candidate
(LOHAKARE PRIYA ANKUSH)



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 Of 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 in presence of the Candidate.

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

Created On:12-08-2016 03:46:43 PM
 Modified On:12-08-2016 03:46:53 PM
 Modified On:12-08-2016 03:46:43 PM

URL: http://mpharm16.dtemaharashtra.org/mpharm16/institute_report.php/institute_report.php?institute_id=638012610&id=MTYz&cmd=MQ==



Signature of Institute Officer
 Signature of Institute Officer (6380)

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



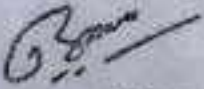
राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान

**NATIONAL INSTITUTE OF PHARMACEUTICAL
EDUCATION AND RESEARCH (NIPER)**

(Ministry of Chemicals & Fertilizers, Govt. of India)



I. Card No. : 16NPM2350
Name : Jadhav Swati Appasaheb
Programme : M. S (Pharm.)
Department : Natural Products
Blood Group : A+
Valid Upto : 30-06-2018


कुलसचिव

IDENTITY CARD



NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER)

AHMEDABAD, COIMBATUR, DURGAPUR, HYDERABAD, KOLKATA, RAICHUR, SAS NAGAR (INDIA)
NIPER Joint Admission Counselling - 2016

Provisional Admission Slip for M.S. (Pharm.) / M.TECH. (Pharm.) / M.Pharm.

Application Number : 501371

Hall ticket Number : 1100230

Date : July 20, 2016

The candidate with following details has been allotted a seat for admission in your Institute.

Kindly accept her/his admission in your Institute on production of the required certificates (in original) and verification of the particulars.

Candidate Name : WALUNIKAR AMOL SUBHASH
 Father's Name : WALUNIKAR SUBHASH SARJERAO
 Category of the Candidate : General
 Allotted Category : GENERAL
 Rank : 274
 Department : Biotechnology [M.S. (Pharm.)]
 Selected Institute : SAS Nagar

Accepted :

Not Accepted :

Signature of the Candidate

Choice of NIPER as above is approved. Candidate is permitted to deposit admission Fees.

Signature of the Concerned Authority

PAYMENT DETAILS

Hostler :

Non Hostler :

Paid Admission fee of Rs. 37,820/-

DD / BC No. 127573

Date of Issue 19/7/2016

Name of the Bank drawn : Bank of India

Vide receipt No. 269

Authorized Signatory (Acct)

Admission Accepted

Chairman, NIPER - JEE 2016

Dr. USN Murty

Chairman, NIPER JEE 2016

Remarks if any:

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER)
KORCHI ROAD, GURGAON, HARYANA, INDIA (KATKALIA, GURGAON, HARYANA)

NIPER Joint Admission Counselling - 2016
Provisional Admission Slip for M.S. (Pharm.) / M.TECH. (Pharm.) / M.Pharm.


Application Number: 500710
Hall ticket Number: 1100015

Date: July 20, 2016

The candidate with following details has been allotted a seat for admission in your institute.
Kindly accept her/ his admission in your institute on production of the required certificates (in original) and verification of the particulars.

Candidate Name : PATHAK MAYURI VIDYADHAR
Father's Name : VIDYADHAR
Category of the Candidate : General
Allotted Category : GENERAL
Rank : 102
Department : Biotechnology [M.S. (Pharm.)]
Selected Institute : SAS Nagar

Accepted: Not Accepted:


Signature of the Candidate

Choice of NIPER as above is approved. Candidate is permitted to deposit admission fees.


Signature of the Concerned Authority

PAYMENT DETAILS

Hostler: Non Hostler:

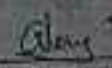
Paid Admission fee of Rs. 27820/-

DD / BC No. 221408

Date of Issue: 16/7/16

Name of the Bank drawn: SBT

Vide receipt No.: 206


Authorized Signatory (Acres)

Admission Accepted






ALL INDIA SHRI SHIVAJI MEMORIAL
SOCIETY'S COLLEGE OF PHARMACY
NEAR R.T.O. KENNEDY ROAD, PUNE - 411 001.
(Recognised by AICTE, PCI & Affiliated to University of Pune)



Name : Zirange Aparna Dashrath
Class : F.Y.
Branch : M'Pharm (QA)
Enrollment No. : 159/18
Validity Date : 08/01/2016 to 30/07/2020
Date of Birth : 28/07/1994
Blood Group : B+VE

IDENTITY CARD


Dr. Ashwini R. Madgulkar
Principal



NIPER

Ahmedabad

**NATIONAL INSTITUTE OF PHARMACEUTICAL
EDUCATION AND RESEARCH-AHMEDABAD**

(Ministry of Chemicals & Fertilizers, Govt. of India)

Opposite Air force Station, Palaj-Basan Road, Nr. Palaj Village,
Gandhinagar-382355, Gujarat (INDIA) Phone:079 66745555



Priyanka Yogesh Lohar

M.S.PHARM

D.O.J. : 01/08/2016

ID NO. : NIPERA1618PA

Signature of Card Holder

I / C Registrar
Issuing Authority



NIPER

Ahmedabad

**NATIONAL INSTITUTE OF PHARMACEUTICAL
EDUCATION AND RESEARCH-AHMEDABAD**

(Ministry of Chemicals & Fertilizers, Govt. of India)

Opposite Air force Station, Palaj-Basan Road, Nr. Palaj Village,
Gandhinagar-382355, Gujarat (INDIA) Phone:079 66745555



Jayant Ramakant Wagh

M.S.PHARM

D.O.J. : 01/08/2016

ID NO. : NIPERA1618BT04

Signature of Card Holder

I / C Registrar
Issuing Authority

Savitribal Phule Pune University



(Formerly University of Pune)

Hall Ticket For MBA (REV.2016) Mar./Apr. 2018 Exam

SeatNo	PRN	CentreCode	CollegeCode	PUN Code
37367	2051607740	1191	1191	IMMP015140

Name : NEHA AVINASH SHINGOTE

Mother : VANDANA

College Name : S.B.PATIL INSTITUTE OF MANAGMENE



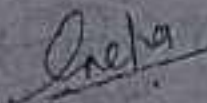
Sub Code	Subject Name	Type	Exam Date	Exam Time
432	DISSERTATION	IE		
439 HR	CONFLICT & NEGOTIATION MANAGEMENT	I		
441 HR	EMERGING TRENDS IN HR	I		
445 HR	DESIGNING HR POLICIES	I		
446 HR	COMPETENCY MAPPING	I		
492	INTRODUCTION TO CYBER SECURITY - IV	I		
494	SKILL DEVELOPMENT - II	I		
431	MANAGING FOR SUSTAINABILITY	IOE	03/05/2018	03.00 PM
433 HR	EMPLOYMENT RELATIONS	IOE	04/05/2018	03.00 PM
434 HR	STRATEGIC HUMAN RESOURCE MANAGEMENT	IOE	05/05/2018	03.00 PM

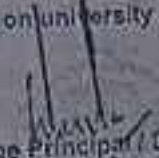
NOTE:

Students should ensure that details like Name, Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case, College does not have Exam Center, please follow University Circular.

In Case of any discrepancy between hall ticket & time table published on university website (<http://exam.unipune.ac.in>), the timetable on website to be followed.


Signature of Student


College Principal / Director
Director
S.B. Patil Institute of Management
Sector No. 26, Nigdi,
Pradhikaran, Pune-411 044.

SAVITRIBAI PHULE PUNE UNIVERSITY

(formerly University of Pune)

GANESHKHIND, PUNE-411 007.



Passing Certificate

This is to certify that -

Smt. NEHA AVINASH SHINGOTE

Mother's Name:-VANDANA

has appeared for the MASTER OF BUSINESS ADMINISTRATION (REV.2016) examination held in month of April 2019 and declared to have passed the examination with 'A+' grade.

This is further to certify that her special subject at the said examination is INTERNATIONAL BUSI.MENT. She is eligible for the aforesaid Degree Certificate, whenever she applies for the same at the University Convocation.

Seat No. : 30551

P.R.No. : 2051813216

College code: 1191

Prof. (Dr.) Ashok M. Chavan
Director,

Board of Examinations & Evaluation

DATE: 6 JULY 2019

S.P. MANDALI'S
weschool
Welingkar Education

S.P. Mandali's

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

L. Napoo Road, Matunga (C.Ply), 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

01PGD/3616/1875

*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



Prof. Dr. Uday Salunkhe
Group Director