


**Representative documents of students progressing for  
Higher Education  
2019-2020**



  
(Dr. R. O. Ganjwale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgaon (Meghe), Wardha

**Vidarbha Youth Welfare Society's**  
**INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH**  
**Borgaon (Meghe), Wardha 442001 (M. S.)**

**List of Name of students who enrolled for higher education**

Sr. No.	Name of student who enrolled for higher education	Name of institution joined	Name of program admitted to
1.	Ku. B. K. Balpande	Poona College of Pharmacy, Pune, (M. S.)	M. Pharm
2.	Ku. C. R. Dhande	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
3.	Ku. D. D. Taksande	National Institute of Pharmaceutical Education and Research, Bareilly, (U. P)	M. Pharm
4.	Ku. D. S. Undirwade	C. U. Shah College of Pharmacy, Mumbai, (M. S.)	M. Pharm
5.	Ku. G. V. Babhulkar	Poona College of Pharmacy, Pune, (M. S.)	M. Pharm
6.	Ku. H. B. Kulkarni	Dr. D. Y. Patil College of Pharmacy, Pune, (M. S.)	M. Pharm
7.	Ku. K. D. Tumdam	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
8.	Ku. M. D. Dhokne	Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, (M. S.)	M. Pharm
9.	Ku. P. P. Sahu	Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, (M. S.)	M. Pharm
10.	Ku. P. V. Lanje	Manipal College of Pharmaceutical Sciences, Manipal, (KA)	M. Pharm
11.	Ku. S. K. Vyapari	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
12.	Ku. S. W. Sawarkar	Government College of Pharmacy, Amravati, (M. S.)	M. Pharm
13.	Ku. S. J. Thapa	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
14.	Ku. S. V. Mourya	National Institute of Pharmaceutical Education and Research, Mohali, Punjab	M. Pharm
15.	Ku. T. N. Nathani	National Institute of Pharmaceutical Education and Research, Hyderabad, (Telangana)	M. Pharm
16.	Mr. A. M. Chandewar	Government College of Pharmacy, Amravati, (M. S.)	M. Pharm
17.	Mr. A. S. Jumble	Government College of Pharmacy, Amravati, (M. S.)	M. Pharm
18.	Mr. C. S. Durge	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
19.	Mr. J. R. Lilhare	School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded, (M. S.)	M. Pharm




*(Signature)*  
**(Dr. R. O. Ganjiwale)**  
**Principal**  
**PRINCIPAL**  
**Institute of Pharmaceutical Education & Research**  
**Borgaon (Meghe), Wardha**

**Vidarbha Youth Welfare Society's**  
**INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH**  
**Borgaon (Meghe), Wardha 442001 (M. S.)**

20.	Mr. K. P. Dhadwe	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
21.	Mr. N. N. Jarode	Institute of Pharmaceutical Education and Research, Wardha, (M. S.)	M. Pharm
22.	Mr. P. D. Bhonde	Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, (M. S.)	M. Pharm
23.	Mr. S. C. Ghatole	Department of Pharmaceutical Sciences, Nagpur University, Nagpur, (M. S.)	M. Pharm
24.	Mr. S. M. Patil	DSTS Mandal's College of Pharmacy, Solapur	M. Pharm
25.	Mr. S. R. Mule	National Institute of Pharmaceutical Education and Research, Ahmedabad, (GJ)	M. Pharm
26.	Mr. S. S. Rahangdale	School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded, (M. S.)	M. Pharm
27.	Mr. S. S. Narnaware	Agnihotri College of Pharmacy, Wardha	M. Pharm
28.	Ku. R. S. Dafale	KMC, Manipal, Karnataka	PhD



  
(Dr. R. O. Ganjiwale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgaon (Meghe), Wardha



**BHARATI VIDYAPEETH (DEEMED TO BE UNIVERSITY)**

**POONA COLLEGE OF PHARMACY**

Reaccredited Grade 'A' by NAAC & NBA

Erandawane, Paud Rd. Pune - 411 038.

Ph.- 020 - 25437237 Fax - 020 - 25439383

**IDENTIFICATION**

**Bhumika Kishor Balpande**

M. Pharm

2020-447



Ganesh Nagar, Borgaon Meghe,

Wardha Phone-8805618676

Student's Sign.



*[Handwritten Signature]*  
Principal's Sign.



*[Handwritten Signature]*  
(Dr. R. O. Ganjiwale)

Principal  
PRINCIPAL

Institute of Pharmaceutical Education & Research  
Borgaon (Meghe), Wardha



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 : MPH20106225

Mode of Admission : Non Sponsored

## Personal Details

Full Name	DHANDE CHETANA RAMDASJI		
Nationality	Indian	Gender	Female
Date of Birth	28-06-1997	Annual Family Income (₹)	50,001 - 1,00,000
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_GV2dqIwq6K1qWW
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## Allotment Details

All India Merit Number	2957
Allotted Choice Code	416012610
Allotted Seat Type	GOBC
Preference No.	1

## Reporting Details

Institute	Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha		
Tuition Fees (₹)	25000/-	Course	416012610-Quality Assurance Techniques
Development Fees (₹)	0/-	Admission Date	29-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
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 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 :

C. R. Chand  
Signature of The Candidate  
(DHANDE CHETANA RAMDASJI)



## 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 Institute of Pharmaceutical Education  
and Research, Borgaon (Meghe), Wardha

Reported On: 29-01-2021 01:12:19 PM

Printed On : 29-01-2021 01:12:21 PM

Last Modified On : 29-01-2021 01:12:19 PM



(Dr. R. O. Ganjiwale)  
Signature of Institute Officer (4160)  
Principal

Institute of Pharmaceutical Education & Research  
- Borgaon (Meghe), Wardha  
Printed By: 4160

Last Modified By: 4160



**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. N001800  
 Candidate Name: DIKSHA DNYANESHWAR TAKSANDE  
 Rank: 1601  
 Choice No. 38  
 Category Allotted: SC  
 Course Allotted: M.S. (Pharm) Medicinal Chemistry  
 Institute Allotted: National Institute of Pharmaceutical Education and Research Raebareli  
 Applicable Fee: Rs. 60425



**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)

(Dr. R. O. Ganjivale)

Principal  
 PRINCIPAL

Institute of Pharmaceutical Education & Research  
 Borgou (Moghe), Wardha

**Kindly note - Admission is provisional till the submission of following documents at the time of reporting at the allotted NIPER.**

- The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any), failing which, the candidature shall be summarily rejected:

S.No	Please present following documents at the time of admission reporting at the allotted NIPER
1.	Admit card of NIPER JEE 2020.
2.	Birth Certificate/ Matriculation Certificate as a proof of age and correct name.
3.	<b>Original Migration Certificate (Last Attended University/ Institute)</b>
4.	Mark sheets of all the semesters/years of the qualifying degree.
5.	GPAT/GATE/NET score card, wherever applicable.
6.	Attested copy of Aadhar Card.
7.	Medical Certificate to be provided in the form given at Annexure-1.
8.	Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable.
9.	Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per form attached at Annexure-2. if applicable.
10.	Affidavit to be provided in the form of Undertaking provided at Annexure-3.
11.	Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given in the form given at Annexure-4.
12.	Affidavit to be provided in the form of Undertaking in prescribed format at Annexure-8.
13.	Certificate of reservation, if applicable.
14.	Certificate of reservation and certificate of income (showing non-creamy layer status of the OBC candidates as provided in OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004 of the Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pension or any subsequent order issued by the Government of India in this regard). If applicable.
15.	Certificate of disability, if applicable.
16.	Documentary proof in support of the NRI status. If applicable.
	<b>Please refer annexure format available in information brochure.</b>

**Chairman  
NIPER JEE 2020**

**Note: Kindly contact respective NIPER authority for reporting.**

This is a computer generated document, does not require signature.



*(Signature)*  
(Dr. R. O. Ghosh)  
Principal  
PRINCIPAL

Institute of Pharmaceutical Education & Research  
Borgou (Moghe), Warana



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 : MPH20101468

Mode of Admission : Non Sponsored

Personal Details

Full Name	UNDIRWADE DIKSHA SHESHANDRA		
Nationality	Indian	Gender	Female
Date of Birth	01-07-1996	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	SC		
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_GOKJHquEheJzuM
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Allotment Details

All India Merit Number 1328  
 Allotted Choice Code 301757510  
 Allotted Seat Type GSC  
 Preference No. 5

Reporting Details

Institute	C U Shah College of Pharmacy for Women, Mumbai		
Tuition Fees (₹)	0/-	Course	301757510-Pharmaceutical Quality Assurance
Development Fees (₹)	0/-	Admission Date	29-01-2021
Other Fees (₹)	14065/-	Admission Type	CAP Round
Total Fees (₹)	14065/-		
Remark	Admission 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: 29-01-2021

*Undirwad*  
Signature of The Candidate  
(UNDIRWADE DIKSHA SHESHANDRA)



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.



(Dr. R. O. Ganjivale)

Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borguon (Stephe), Wardha



Dept of C U Shah College of Pharmacy for Women, Mumbai

Reported On 25-01-2021 01:47:33 PM

Printed On 27-01-2021 01:47:41 PM

Last Modified On 25-01-2021 01:47:33 PM

*R. Ganjivale*

Signature of Institute Officer (2017)

Reported By: 2017

Printed By: 1057

Last Modified By: 2017



*R. Ganjivale*

(Dr. R. O. Ganjivale)

Principal

PRINCIPAL

Institute of Pharmaceutical Education & Research  
Borgou (Meghe), Wardha



**BHARATI VIDYAPEETH (DEEMED TO BE UNIVERSITY)**

**POONA COLLEGE OF PHARMACY**

Reaccredited Grade 'A' by NAAC & NBA

Erandawane, Paud Rd. Pune - 411 038.

Ph. - 020 - 25437237 Fax

**IDENTITY CARD**

**Gauri Vinod Babhulkar**

M. Pharm

2020-416



Ambedkar Ward No.9, Near Hanuman

Mandir, Samudrapur, Dist. Wardha,

Student's Sign.



*(Signature)*  
(Dr. R. O. Ganjivale)

Principal  
PRINCIPAL

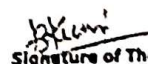

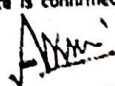
Institute of Pharmaceutical Education & Research  
Borgoun (Steghe), Wardha



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 : MPH20101239		Mode of Admission : Non Sponsored	
<b>Personal Details</b>			
Full Name	KULKARNI HARSHADA BALASAHEB		
Nationality	Indian	Gender	Female
Date of Birth	09-03-1998	Annual Family Income (₹)	5,50,001 - 6,00,000
Category-Caste	OPEN		
Religious Minority/Lingualistic 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_GOJm6AJrRIM2m
<b>Allotment Details</b>			
All India Merit Number	364		
Allotted Choice Code	637112610		
Allotted Seat Type	GOPEN		
Preference No.	3		
<b>Reporting Details</b>			
Institute	Dr. D.Y. Patil College of Pharmacy, Akurdi, Pune		
Tuition Fees (₹)	58745/-	Course	637112610-Quality Assurance Techniques
Development Fees (₹)	13510/-	Admission Date	27-01-2021
Other Fees (₹)	2983/-	Admission Type	CAP Round
Total Fees (₹)	75238/-		
Remark	All original Documents submitted		
<p><b>Declaration by Candidate :</b> 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.</p>			
Date: 27-01-2021	 Signature of The Candidate (KULKARNI HARSHADA BALASAHEB)		
Place :			
<b>INSTITUTE USE ONLY</b>			
<p><b>Declaration by the College/Institute :</b> 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.</p>			
Seal of Dr. D.Y. Patil College of Pharmacy, Akurdi, Pune	 Signature of Institute Officer (6371)		
Reported On: 27-01-2021 03:12:44 PM	Reported By: 6371		
Printed On: 27-01-2021 03:12:49 PM	Printed By: 6371		
Last Modified On: 27-01-2021 03:12:44 PM	Last Modified By: 6371		



(Dr. R. O. Ganjivale)  
Principal

PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgoun (Meghe), Wardha



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 : MPH20100932

Mode of Admission : Non Sponsored

Personal Details	
Full Name	TUMDAM KALYANI DIPAK
Nationality	Indian
Date of Birth	20-04-1998
Gender	Female
Annual Family Income (₹)	2,00,001 -2,50,000
Category-Caste	ST
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_GOIfp6fkIMNCNa
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Allotment Details

All India Merit Number	4946
Allotted Choice Code	416012610
Allotted Seat Type	GST
Preference No.	1

Reporting Details

Institute	Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha		
Tuition Fees (₹)	0/-	Course	416012610-Quality Assurance Techniques
Development Fees (₹)	0/-	Admission Date	12-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	0/-		
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 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:12-01-2021

Place :

*Burda*  
Signature of The Candidate  
(TUMDAM KALYANI DIPAK)



INSTITUTE USE ONLY

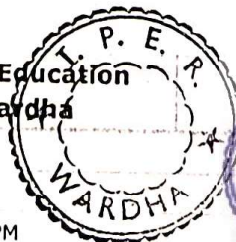
**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020 - 2021 on verification of Candidate's Identity. 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 Institute of Pharmaceutical Education  
and Research, Borgaon (Meghe), Wardha

Reported On:12-01-2021 12:22:07 PM

Printed On :12-01-2021 12:31:13 PM

Last Modified On :12-01-2021 12:22:07 PM



Signature of Institute Officer (4160)  
PRINCIPAL

Institute of Pharmaceutical Education and Research  
Borgaon (Meghe), Wardha

Printed By:4160  
Last Modified By:4160



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 : MPH20101740

Mode of Admission : Non Sponsored

## Personal Details

Full Name	DHOKNE MRUNALI DINESH		
Nationality	Indian	Gender	Female
Date of Birth	19-09-1996	Annual Family Income (₹ )	50,001 - 1,00,000
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_GOOusgKONp1T2R
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## Allotment Details

All India Merit Number	48
Allotted Choice Code	419982110
Allotted Seat Type	GOPEN
Preference No.	2

## Reporting Details

Institute	S.Patil Shikshan Sanstha's Smt. Kishoritai Bhojar College of Pharmacy, Kamptee		
Tuition Fees (₹)	6564/-	Course	419982110-Pharmacology
Development Fees (₹)	18436/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
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: 28-01-2021

*Mrunali*  
Signature of The Candidate  
(DHOKNE MRUNALI DINESH)

Place : NAGPUR



## 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 S.Patil Shikshan Sanstha's Smt. Kishoritai  
Bhojar College of Pharmacy, Kamptee

Reported On: 28-01-2021 04:02:16 PM

Printed On: 28-01-2021 04:02:17 PM

Last Modified On: 28-01-2021 04:02:16 PM



*[Signature]*  
Signature of Institute Officer (4199)

PRINCIPAL

Smt. Kishoritai Bhojar College of Pharmacy  
Railway Station, New Kamptee,  
Nagpur, Maharashtra-441002

Reported By: 4199

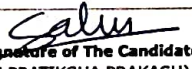

Printed By: 4199

Last Modified By: 4199



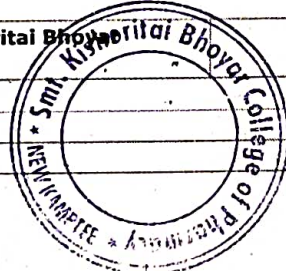
**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
**8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001. (M.S.)**  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of**  
**Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D.**  
**(Post Baccalaureate) for the year 2020 - 2021**




<b>Application ID : MPH20100953</b>		<b>Mode of Admission : Non Sponsored</b>	
<b>Personal Details</b>			
<b>Full Name</b>	SAHU PRATIKSHA PRAKASH		
<b>Nationality</b>	Indian	<b>Gender</b>	Female
<b>Date of Birth</b>	08-08-1998	<b>Annual Family Income (₹)</b>	1,50,001 - 2,00,000
<b>Category-Caste</b>	OBC		
<b>Religious Minority/Lingualistic Minority</b>	N.A.		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>EWS Status</b>	N.A.	<b>Orphan Status</b>	N.A.
<b>Seat Acceptance Fee is filled by online payment of Rs. 1000/-</b>			
<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful
		<b>Transaction Id</b>	order_GOLc8LpUwkpQE
<b>Allotment Details</b>			
<b>All India Merit Number</b>	534		
<b>Allotted Choice Code</b>	419982210		
<b>Allotted Seat Type</b>	GOPEN		
<b>Preference No.</b>	9		
<b>Reporting Details</b>			
<b>Institute</b>	S.Patil Shikshan Sanstha's Smt. Kishorital Bhojar College of Pharmacy, Kamptee		
<b>Tuition Fees (₹)</b>	0/-	<b>Course</b>	419982210-Pharmaceutical Chemistry
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	13-01-2021
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	0/-		
<b>Remark</b>	ADMISSION CONFIRMED		
<b>Declaration by Candidate :</b> 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.			
<b>Date:</b> 13-01-2021	 <b>Signature of The Candidate</b> (SAHU PRATIKSHA PRAKASH)		
<b>Place :</b>			

**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.

<b>Seal of S.Patil Shikshan Sanstha's Smt. Kishorital Bhojar College of Pharmacy, Kamptee</b>		<b>Signature of Institute Officer (4199)</b>
<b>Reported On:</b> 13-01-2021 03:19:31 PM		<b>Smt. Kishorital Bhojar College of Pharmacy</b>
<b>Printed On :</b> 13-01-2021 03:19:33 PM		<b>Behind Railway Station, New Kamptee,</b>
<b>Last Modified On :</b> 13-01-2021 03:19:31 PM		<b>Nagpur, Maharashtra</b>
		<b>Reported By: 4199</b>
		<b>Printed By: 4199</b>
		<b>Last Modified By: 4199</b>



  
 (Dr. R. O. Ganjivale)  
 Principal  
**PRINCIPAL**  
 Institute of Pharmaceutical Education & Research  
 Borgoo (Miche), Wardha



**MANIPAL**  
ACADEMY of HIGHER EDUCATION  
(Institution of Eminence Deemed to be University)

## ADMISSION ORDER

This is to certify that the following candidate had applied and appeared for our All India Entrance Test for admission to MPharm/PharmD Post Baccalaureate courses. Based on the All India Merit she/he has been provisionally selected for admission at our constituent institution for the academic year 2021-22 .

NAME	: PAYAL V. LANJE	ROLL NO .	: 210621012
FEES	: INR 425000	RANK	: 153
CATEGORY	: GENERAL	DATE OF ADMISSION:	06/10/2021
COURSE ADMITTED	: MPharm Pharmaceutical Regulatory Affairs		
COLLEGE	: M C O P S, Manipal		

Documents for verification during admission.

### DOCUMENTS PRODUCED AND VERIFIED

REGISTRATION CERTIFICATE

CONDUCT CERTIFICATE

PHOTOGRAPHS

FEES

MARKS CARD/S

DEGREE CERTIFICATE (Provisional sub.)

**Admissions**  
**MAHE, MANIPAL**

This Admission Order will serve as provisional ID card till the original ID card is issued.

Note : The subsequent annual course fees must be paid on or before the deadline, specified by the respective Institute.

*P. Ganji*

**Director Admission**

STN/128/21/121838671

Dated : 27/11/2021



WARNING: ALL ADMISSIONS ARE SUBJECT TO FULFILLMENT OF ALL THE ELIGIBILITY CONDITIONS BY THE CANDIDATE. IF IT IS FOUND AT A LATER STAGE, DURING ACTIVE VERIFICATION, THAT THE CANDIDATE HAS GIVEN FALSE INFORMATION / CERTIFICATE OR IS FOUND TO HAVE CONCEALED SOME INFORMATION, HIS/HER ADMISSION WILL BE CANCELLED WITHOUT ANY NOTICE. JURISDICTION FOR DISPUTE IF ANY SHALL BE AT UDUPI COURT ONLY.



*(Dr. R. O. Ganjiwale)*  
Principal  
**PRINCIPAL**  
Institute of Pharmaceutical Education & Research  
Borgaon (Moghe), Wardha



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 : MPH20100782

Mode of Admission : Non Sponsored

## Personal Details

Full Name	VYAPARI SHREYA KISNA		
Nationality	Indian	Gender	Female
Date of Birth	25-04-1998	Annual Family Income (₹)	5,50,001 - 6,00,000
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_GUgzfe3DD8csZK
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## Allotment Details

All India Merit Number	2395
Allotted Choice Code	416082110
Allotted Seat Type	GST
Preference No.	1

## Reporting Details

Institute	Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha		
Tuition Fees (₹)	25000/-	Course	416082110-Pharmacology
Development Fees (₹)	0/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
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 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

*Vyapari*  
Signature of The Candidate  
(VYAPARI SHREYA KISNA)

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 Institute of Pharmaceutical Education  
and Research, Borgaon (Meghe), Wardha

Reported On: 28-01-2021 04:07:28 PM

Printed On : 28-01-2021 04:07:30 PM

Last Modified On : 28-01-2021 04:07:28 PM



Signature of Institute Officer (4160)

PRINCIPAL

Dr. R. O. Ganjivale

Institute of Pharmaceutical Education and Research

Borgaon (Meghe), Wardha

Last Modified By: 4160





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 : MPH20102356

Mode of Admission : Non Sponsored

Personal Details	
Full Name	SAWARKAR SHRETAI WASUDEORAO
Nationality	Indian
Date of Birth	24-08-1998
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.
Gender	Female
Annual Family Income (₹)	50,001 - 1,00,000
Orphan Status	N.A.

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

Paid Amount (₹)	Payment Status	Transaction Id
₹ 1000/-	Successful	order_G0mHOCQHyIngza

Allotment Details	
All India Merit Number	744
Allotted Choice Code	1003S2010
Allotted Seat Type	GOBC
Preference No.	8

Reporting Details	
Institute	Government College of Pharmacy, Amravati
Tuition Fees (₹)	15000/-
Development Fees (₹)	10000/-
Other Fees (₹)	11265/-
Total Fees (₹)	36265/-
Remark	confirm admission
Course	1003S2010-Pharmacognosy and Physicochemistry
Admission Date	28-01-2021
Admission Type	CAP Round

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 :

Signature of The Candidate  
(SAWARKAR SHRETAI WASUDEORAO)



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 Government College of Pharmacy, Amravati

Reported On: 28-01-2021 04:12:32 PM

Printed On : 28-01-2021 04:12:35 PM

Last Modified On : 28-01-2021 04:12:32 PM



Principal  
Govt. Pharmacy College,  
Amravati

Reported By: 1003

Printed By: 1003

Last Modified By: 1003



(Dr. R. O. Ganjivale)  
Principal  
PRINCIPAL




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 Level Admission  
as 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 : MPH20102712

Personal Details :

<b>Full Name</b>	SHIVANI JANGBAHADUR THAPA			 SHIVANI JANGBAHADUR THAPA 11/12/2020
<b>Nationality</b>	Indian	<b>Date of Birth</b>	06-07-1996	
<b>Gender</b>	Female	<b>Annual Family Income (₹)</b>	8,00,001 - 9,00,000	
<b>Category-Caste</b>	OPEN			
<b>Applied For EWS</b>	No			
<b>PH Type</b>	N.A.			
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A			
<b>English Medium</b>	No			
<b>Graduation Institute</b>				
<b>Graduation Course</b>				

Institute level Fee is filled by online payment of Rs. 1000/-

<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_GX2BbSQWQGI9Vs
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Institute Details :

<b>Institute Name</b>	4160 - Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha( - - )		
<b>Tution Fees (₹)</b>	30000/-	<b>Course Name</b>	416012610-Quality Assurance Techniques
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	03-02-2021
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	Against CAP
<b>Total Fees (₹)</b>	30000/-	<b>Remark</b>	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 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:** 03-02-2021

**Place :**

*Shivani*  
Signature of Candidate  
(SHIVANI JANGBAHADUR THAPA)



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 Institute of Pharmaceutical Education and  
Research, Borgaon (Meghe), Wardha

*Shivani*  
Signature of Institute Officer

PRINCIPAL (4160)

Institute of Pharmaceutical Education & Research  
Borgaon (Meghe), Wardha

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Last Modified By: 4160

Reported On: 03-02-2021 02:04:11 PM

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Last Modified On : 03-02-2021 02:04:11 PM





## 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. N000807  
 Candidate Name: SHIVANI VIJAY MOURYA  
 Rank: 441  
 Choice No. 20  
 Category Allotted: GENERAL  
 Course Allotted: M.S. (Pharm) Natural Products  
 Institute Allotted: National Institute of Pharmaceutical Education and Research S.A.S Nagar  
 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)  
(Dr. R. O. Ganjivale)

Principal  
Page 1 of 2

Institute of Pharmaceutical Education & Research  
Borgou (Mogh), Wardha

**Kindly note - Admission is provisional till the submission of following documents at the time of reporting at the allotted NIPER.**

- The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any), failing which, the candidature shall be summarily rejected:

S.No	Please present following documents at the time of admission reporting at the allotted NIPER
1.	Admit card of NIPER JEE 2020.
2.	Birth Certificate/ Matriculation Certificate as a proof of age and correct name.
3.	<b>Original Migration Certificate (Last Attended University/ Institute)</b>
4.	Mark sheets of all the semesters/years of the qualifying degree.
5.	GPAT/GATE/NET score card, wherever applicable.
6.	Attested copy of Aadhar Card.
7.	Medical Certificate to be provided in the form given at Annexure-1.
8.	Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable.
9.	Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per form attached at Annexure-2. if applicable.
10.	Affidavit to be provided in the form of Undertaking provided at Annexure-3.
11.	Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given in the form given at Annexure-4.
12.	Affidavit to be provided in the form of Undertaking in prescribed format at Annexure-8.
13.	Certificate of reservation, if applicable.
14.	Certificate of reservation and certificate of income (showing non-creamy layer status of the OBC candidates as provided in OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004 of the Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pension or any subsequent order issued by the Government of India in this regard). If applicable.
15.	Certificate of disability, if applicable.
16.	Documentary proof in support of the NRI status. If applicable.
	<b>Please refer annexure format available in information brochure.</b>

**Chairman  
NIPER JEE 2020**

**Note: Kindly contact respective NIPER authority for reporting.**

This is a computer generated document, does not require signature.



*(Signature)*  
(Dr. R. O. Ganjivale)  
Page 2 of 2  
Principal  
PRINCIPAL

Institute of Pharmaceutical Education & Research  
Borgoun (Moghe), Warana



**NIPER H**

**Date:**

**JOINING REPORT**

I .....TANAAZ NAVIN NATHANI..... Son / Daughter of  
.....NAVIN HUSEINBHAI NATHANI..... selected for the admission into M.S.  
(Pharm) / M.B.A. (Pharm) / M. Tech. (Pharm)/ Ph. D. for the Academic Year 2020-21 in  
the Department of .....PHARMACEUTICAL ANALYSIS..... I hereby join  
as a student of NIPER Hyderabad on .....02/11/2020..... agreeing to:

- (A) the terms and conditions for the admission, and
- (B) Norms of conduct of students at NIPER Hyderabad and

duly sign this joining report.

Date: 02/11/2020

Signature of the student

.....  
*(For office use only)*

Reg. No. ....

Assistant (Academic)

Associate Dean

Dean



(Dr. R. O. Ganjivale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgoo (Moghe), Wardha



# National Institute of Pharmaceutical Education & Research NIPER- Hyderabad

## ADMISSION FORM

(Fill In Capital Letters)



NAME : TANAAZ NAVIN NATHANI (as per S.S.C records)

FATHER'S NAME : NAVIN HUSEINBHAI NATHANI

SEX (M/F) : F

DATE OF BIRTH : 17/11/1998 (as per the records submitted)

CASTE (SC/ST/OBC/UR) : UR ; NATIONALITY: INDIAN ; BLOOD GROUP: B +(ve)

EDUCATIONAL QUALIFICATION (Highest) : B PHARMA (BACHELOR OF PHARMACY)

YEAR OF PASSING : 2020

UNIVERSITY : RASHTRASANT TUKDOJI MAHARAJ NAGPUR UNIVERSITY (RTMN)

COLLEGE/INSTITUTE : INSTITUTE OF PHARMACEUTICAL AND EDUCATION RESEARCH (IPI)

STATE : Maharashtra

NIPER JEE RANK : 123 Date of Joining 02/11/2020

PERMANENT ADDRESS : Postal office Amirza, Gadchiroli

CORRESPONDENCE ADDRESS : C/o Santosh Khobragade, first floor sarwodaya ward, Armori road, Gadchiroli

CONTACT DETAILS : Residence: 9421731783 Student Mobile: 7887823171

EMAIL ADDRESS : nathanitn1711@gmail.com

OTHER CURRICULUR ACTIVITIES IF ANY:



*(Dr. R. O. Ganjiwale)*  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgona (Moghe), Wardha

*Nathan...*  
Signature of Student



National Institute of Pharmaceutical Education & Research NIPER-  
Hyderabad

**APPLICATION FOR ALLOTMENT OF HOSTEL ROOM**

**Batch:** 2020-2021

Name:

Date: 02/11/2020

**DECLARATION**

I hereby declare that I have read the norms of conduct of the students residing in the Hostel.  
I agree that I will abide by the said norms completely. I have paid the semester fee of  
'..... (Rupees. 78625/-..... only) as  
resident vide Receipt No. / D.D No. 2013047..... Dated 17/10/2020

Signature of Student

***(for office use only)***

Allotment: **Approved / Rejected**

Mr/Ms ..... is allotted Room  
No..... Subject to the terms and condition as per the "Norms for Conduct of Students"

Hostel In-charge

**HOSTEL ADMISSION RECEIPT**

Mr/Ms..... Regn. No. ....  
has been allotted Room no. .... in NIPER Hostel



(Dr. R. O. Ganjwale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Box 200 (Meghe), Wardha

Signature of Hostel In-charge



# National Institute of Pharmaceutical Education & Research NIPER- Hyderabad

## **HOSTEL RULES**

- ✓ Written permission should be obtained for Hostel Incharge for any functions / celebrations.
- ✓ Prior permission to be taken for any party or any activities in the hostel and such an activity should be completed on or before 10:00 PM.
- ✓ Everyone should be in the room by 10:00 PM.
- ✓ No one will accommodate outsider without permission.
- ✓ Obtain permission to leave hostel.
- ✓ Utilize the hostel mess facility on payment basis.
- ✓ Alcohol or any similar other beverages are strictly prohibited. If found disciplinary action will be taken.
- ✓ Use of electric heater/high electric power consuming gadgets in the room is prohibited.
- ✓ Ragging or any other harassment is punishable offence under Indian Penal Code.
- ✓ Do not park the two wheeler /vehicles inside the hostel. Park them in front of hostel.
- ✓ Maintain strict TV room timings (time as directed by Hostel-in-charge).
- ✓ Should come in proper dress to mess (full pant and shirt for boys & kurtha-pyjama for girls)).

Violation of any of the above will lead to disciplinary action.

Sd/-  
Registrar  
NIPER-Hyderabad

---

### **To be filled by the student:**

I have read and understand the rules and will strictly follow the rules of conduct in the hostel.

Signature: \_\_\_\_\_  
Name of Student: \_\_\_\_\_



\_\_\_\_\_  
(Dr. R. O. Ganjiwale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgoo (Mighe), Wardha





### **NORMS OF CONDUCT OF STUDENTS**

1. To display devotion to studies, conforming to guidelines / instruction issued by the Director/Registrar/Faculty from time to time.
2. To comply with instructions displayed on the Notice Boards/mails from time to time, in respect of students.
3. To be courteous to personnel of the Institute.
4. **To observe regularity and strict punctuality in attendance; shortfall in attendance will be dealt with strictly as per the rules.**
5. To apply in writing, to Director / Registrar, through the Head of the Department, for permission for absence, stating clear reason and such permission is granted, only if the reasons are valid and if request is justified.
6. **To refrain from frequent absence from classes /Lab. Work or other curriculum activities.**
7. To refrain from any discourteous behavior with fellow students and fellow residents of the hostel.
8. To refrain from interference with the performance of duties by officials in the office/security etc. in any manner.
9. **To remit the Semester Fee (in the form of Online Transfer / Demand Draft) promptly well in advance within the last date fixed for the purpose.**
10. To wear, while at the Institute or any common place in the hostel, proper dress (which is not contrary to the customary dress in Institute of higher learning and which is not expusive)
11. **To wear students ID card while at the premises. Security person at the Institute and Hostel can check the ID card.**
12. To keep the ID card with adequate care, securing against its loss.
13. **To refrain from any miss conduct or misbehavior which generally treated as indiscipline, meanness, dishonesty, criminal act, which are unbecoming of a student.**
14. **To hold responsibility for items of furniture issued in hostel room, Lab equipment against any damage or loss and cost of the same will be recovered from the stipend / security deposit on certification by the concerned Head of the Department.**
15. Not to spoil the neatness of room /premises in the campus and hostel in any manner.
16. To refrain from causing any disturbance to the neighbors to the quiet surroundings of the hostel or using the hostel in any manner, other than his/her stay during studentship in the Institute.
17. **To refrain from using the room for stay of any other unauthorized person.**
18. No permission for accommodating parents, relatives, or friends in the hostel.
19. To comply with the requirement that visitors can meet the students in the visitor's room only.





# National Institute of Pharmaceutical Education & Research NIPER- Hyderabad

-2-

20. To comply with the requirement of obtaining prior permission from the Director/ Registrar, in case any party or other group activity is organized. Such party or other group activity is required to confirm the condition that quiet and orderliness and not causing any inconvenience to anyone cannot extend beyond 10:00 PM under any circumstances.
- 21. To return to room well before 10:00 PM.**
22. Not to take to room, NIPER Item like crockery, News paper, etc.
23. To make prompt payment of dues to mess person.
- 24. To refrain from smoking and consumption of alcohol/narcotics or other intoxicants.**
25. To refrain from using any electric heater or other high power consumption electric gadgets  
In the hostel room and to comply with the requirement of switching off power while leaving the room/lab./class room
- 26. To refrain from ragging or any other such harassment.**
27. To note that the security officials at the hostel have the authority to stop entry of person from outside, about whom prior permission for entry is not given to them. Therefore, to ensure prior intimation to the security, so that inconvenience to the visitors can be avoided.
28. Intimate to the hostel in-charge before leaving the hostel for more than one day.

**I shall abide by the rules prescribed by the Institute Authorities for the purpose from time to time.**

**I hereby undertake to face disciplinary action including expulsion from the institute for any kind of violation of the above mentioned rules at any stage in future.**

Signature of Student

Name: TANAAZ NAVIN NATHANI

Date: 02/11/2020

Reg. No.: N00560



(Dr. R. O. Ganjivale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgoo (Steph), Wardha



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 2020 - 2021



Application ID : MPH20102107

Mode of Admission : Non Sponsored

Personal Details			
Full Name	CHANDEWAR ABHIJIT MAHESH		
Nationality	Indian	Gender	Male
Date of Birth	24-10-1997	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	ORC		
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_GU1WDFOM27BRJE
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Allotment Details	
All India Merit Number	107
Allotted Choice Code	100312510
Allotted Seat Type	GOPEN
Preference No.	1

Reporting Details			
Institute	Government College of Pharmacy, Amravati		
Tuition Fees (₹)	15000/-	Course	100312510-Quality Assurance
Development Fees (₹)	0/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	15000/-		
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: 28-01-2021

Place :

*Abhijit*  
Signature of The Candidate  
(CHANDEWAR ABHIJIT MAHESH)



## 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 Government College of Pharmacy, Amravati

Reported On: 28-01-2021 05:04:24 PM

Printed On: 28-01-2021 05:04:27 PM

Last Modified On: 28-01-2021 05:04:24 PM

Signature of Institute Officer (1003)

Govt. Pharmacy College, Amravati

Reported By: 1003

Printed By: 1003

Last Modified By: 1003





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 : MPH20102399

Mode of Admission : Non Sponsored

## Personal Details

Full Name	AKASH SAKHARAM JUMBLE		
Nationality	Indian	Gender	Male
Date of Birth	28-01-1997	Annual Family Income (₹)	15,001 - 50,000
Category-Caste	NT 2 (NT-C)		
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_GOIPf41QqHX5IZ
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## Allotment Details

All India Merit Number	1149
Allotted Choice Code	100382010
Allotted Seat Type	GNTC
Preference No.	2

## Reporting Details

Institute	Government College of Pharmacy, Amravati		
Tuition Fees (₹)	15000/-	Course	100382010- Pharmacognosy and Physochemistry
Development Fees (₹)	0/-	Admission Date	29-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	15000/-		
Remark	Admission Confirmed		



1/29/2021 3:30 PM

(Dr. R. O. Ganjivale)

Principal  
PRINCIPALInstitute of Pharmaceutical Education & Research  
Borgou (Meghe), Wardha

**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

**Signature of The Candidate**  
(AKASH SAKHARAM JUMBLE)



**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 Government College of Pharmacy, Amravati**

**Signature of Principal**  
**Govt. Pharmacy College,**  
**Amravati (1003)**

**Reported On:**29-01-2021 03:29:24 PM

**Reported By:**1003

**Printed On :**29-01-2021 03:29:29 PM

**Printed By:**1003

**Last Modified On :**29-01-2021 03:29:24 PM

**Last Modified By:**1003



1/29/2021 3:24 PM

**(Dr. R. O. Ganjivale)**

**Principal**

**PRINCIPAL**

**Institute of Pharmaceutical Education & Research**  
**Borgun (Meghe), Wardha**



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 : MPH20101766

Mode of Admission : Non Sponsored

## Personal Details

Full Name	DURGE CHINMAY SHYAM		
Nationality	Indian	Gender	Male
Date of Birth	19-06-1998	Annual Family Income (₹)	1,00,001 - 1,50,000
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 (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GOOTo3Fv1Mx38x
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## Allotment Details

All India Merit Number	1661
Allotted Choice Code	416012610
Allotted Seat Type	GOPEN
Preference No.	11

## Reporting Details

Institute	Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha		
Tuition Fees (₹)	25000/-	Course	416012610-Quality Assurance Techniques
Development Fees (₹)	0/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
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 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  
(DURGE CHINMAY SHYAM)

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 Institute of Pharmaceutical Education  
and Research, Borgaon (Meghe), Wardha

Reported On : 28-01-2021 01:04:23 PM

Printed On : 28-01-2021 01:04:25 PM

Last Modified On : 28-01-2021 01:04:23 PM

Signature of Institute Officer (4160)

Dr. Pr. B. Ganjivale

Reported By: 4160

Borgaon (Meghe), Institute of Pharmaceutical Education &amp; Research

Printed By: 4160

Last Modified By: 4160



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 : MPH20102725

Mode of Admission : Non Sponsored

## Personal Details

Full Name	LILHARE JITENDRA RAJESHWAR	Gender	Male
Nationality	Indian	Annual Family Income (₹)	9,00,001 - 10,00,000
Date of Birth	11-07-1997	Orphan Status	N.A.
Category-Caste	OBC		
Religious	N.A.		
Minority/Lingulstic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.		

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

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GOJKVR56JAQPNN
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## Allotment Details

All India Merit Number	326
Allotted Choice Code	202912510
Allotted Seat Type	GOPEN
Preference No.	7

## Reporting Details

Institute	School of Pharmacy, Swami Ramanand Teerth, Marathwada University, Nanded	Course	202912510-Quality Assurance
Tuition Fees (₹)	0/-	Admission Date	28-01-2021
Development Fees (₹)	10000/-	Admission Type	CAP Round
Other Fees (₹)	12177/-		
Total Fees (₹)	22177/-		
Remark	admitted		

**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)*  
Signature of The Candidate  
(LILHARE JITENDRA RAJESHWAR)



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 School of Pharmacy, Swami Ramanand  
Teerth, Marathwada University, Nanded

Reported On: 28-01-2021 04:20:21 PM

Printed On: 28-01-2021 04:20:26 PM



Signature of Institute Officer (2020)

Reported By: 2020

Printed By: 2020

<http://userscael20.mahacet.org.in/ce12020/mpharm20/index.php/InstituteReporting> <http://userscael20.mahacet.org.in/ce12020/mpharm20/index.php/InstituteReporting> ReceiptId=MTc2Mg==&md=Mg



(Dr. R. O. Ganjivale)

Principal  
PRINCIPALInstitute of Pharmaceutical Education & Research  
Borgoun (Stephe), Wardha



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 : MPH20102820

Mode of Admission : Non Sponsored

Personal Details	
Full Name	DHADWE KAUSTUBH PADMAKAR
Nationality	Indian
Gender	Male
Date of Birth	02-07-1996
Annual Family Income (₹)	50,001 - 1,00,000
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_GON1VhWy5g6G4c
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Allotment Details

All India Merit Number	1664
Allotted Choice Code	416012610
Allotted Seat Type	GOBC
Preference No.	1

Reporting Details

Institute	Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha		
Tuition Fees (₹)	15000/-	Course	416012610-Quality Assurance Techniques
Development Fees (₹)	0/-	Admission Date	13-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	15000/-		
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 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

Signature of The Candidate  
(DHADWE KAUSTUBH PADMAKAR)

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 Institute of Pharmaceutical Education  
and Research, Borgaon (Meghe), Wardha

Reported On:13-01-2021 03:56:29 PM

Printed On :13-01-2021 03:56:31 PM

Last Modified On :13-01-2021 03:56:29 PM

Signature of Institute Officer, (4160)

PRINCIPAL

Reported By:4160  
Borgaon (Meghe), Printed By:4160

Last Modified By:4160





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 : MPH20100992

Mode of Admission : Non Sponsored

## Personal Details

Full Name	JARODE NISHANT NARESH		
Nationality	Indian	Gender	Male
Date of Birth	21-03-1998	Annual Family Income (₹)	5,00,001 - 5,50,000
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 (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GUGOknErDGbyaM
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## Allotment Details

All India Merit Number	2665
Allotted Choice Code	416012610
Allotted Seat Type	GOPEN
Preference No.	10

## Reporting Details

Institute	Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha		
Tuition Fees (₹)	25000/-	Course	416012610-Quality Assurance Techniques
Development Fees (₹)	0/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	25000/-		
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 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 :

*Jarode*  
Signature of The Candidate  
(JARODE NISHANT NARESH)



## INSTITUTE USE ONLY

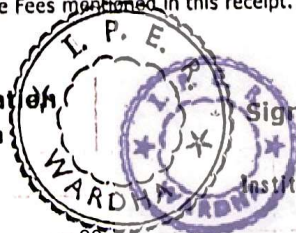
**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate) ) for the year 2020 - 2021 on verification of Candidate's Identity. 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.

Seal of Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha

Reported On: 28-01-2021 01:01:20 PM

Printed On : 28-01-2021 01:01:22 PM

Last Modified On : 28-01-2021 01:01:20 PM



*Dr. B. O. Gajiwale*  
Signature of Institute Officer (4160)  
Principal

.. PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgaon (Meghe), Wardha  
Reported By: 4160  
Printed By: 4160

Last Modified By: 4160



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelator 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 : MPH20101122

Mode of Admission : Non Sponsored

Personal Details	
Full Name	BHONDE PAWAN DNYANESHWAR
Nationality	Indian
Date of Birth	11-01-1998
Category-Caste	ODC
Religious Minority/Linguistic Minority	N.A.
PWD Type	N.A.
Type of Candidature	Maharashtra State Candidate - Type A
EWS Status	N.A.
Gender	Male
Annual Family Income (₹)	0,00,001 - 1,00,000
Orphan Status	N.A.

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

Paid Amount (₹)	Payment Status	Successful	Transaction Id
₹ 1000/-			order_GOLXpJ25udDwtH

Allotment Details	
All India Merit Number	868
Allotted Choice Code	419982110
Allotted Seat Type	GOPEN
Preference No.	10

Reporting Details	
Institute	S.Patil Shikshan Sanstha's Smt. Kishoritil Bhojar College of Pharmacy, Kamptee
Tuition Fees (₹)	16564/-
Development Fees (₹)	18436/-
Other Fees (₹)	0/-
Total Fees (₹)	35000/-
Remark	ADMISSION CONFIRMED
Course	419982110-Pharmacology
Admission Date	27-01-2021
Admission Type	CAP Round

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: 27-01-2021

Place :

Signature of The Candidate  
(BHONDE PAWAN DNYANESHWAR)



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 S.Patil Shikshan Sanstha's Smt. Kishoritil  
Bhojar College of Pharmacy, Kamptee

Reported On: 27-01-2021 06:03:09 PM

Printed On 27-01-2021 06:03:10 PM

Last Modified On 27-01-2021 06:03:09 PM

Signature of Institute Officer (4199)

PRINCIPAL

Smt. Kishoritil Bhojar College of Pharmacy  
Behind Railway Station, New Kamptee  
Nagpur, Maharashtra

Reported By: 4199

Checked By: 4199

Modified By: 4199



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelator 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 : MPH20101790

Mode of Admission : Non Sponsored

Personal Details

Full Name	GHATOLE SHUBHAM CHANDUJI		
Nationality	Indian	Gender	Male
Date of Birth	03-11-1997	Annual Family Income (₹)	15,001 - 30,000
Category-Caste	OBC		
Religious Minority/Lingualistic 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_500byE6FOEFLYN
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Allotment Details


All India Merit Number 34  
Allotted Choice Code 400681710  
Allotted Seat Type GOBC  
Preference No. 2

Reporting Details

Institute	Department of Pharmaceutical Sciences, R. T. M. Nagpur University, Nagpur		
Tuition Fees (₹)	8000/-	Course	400681710-Pharmaceutics
Development Fees (₹)	6000/-	Admission Date	13-01-2021
Other Fees (₹)	3717/-	Admission Type	CAP Round
Total Fees (₹)	17717/-		

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/Head 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

  
Signature of The Candidate  
(GHATOLE SHUBHAM CHANDUJI)




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 Department of Pharmaceutical Sciences,  
R. T. M. Nagpur University, Nagpur

  
HEAD  
Signature of Principal/Head of the Institute  
Rashtrasant Tukadoji Maharaj Nagpur Univ.,  
Nagpur

Reported On: 13-01-2021 11:32:33 AM  
Printed On: 13-01-2021 11:32:34 AM  
Last Modified On: 13-01-2021 11:32:33 AM

Reported By: 4006  
Printed By: 4006  
Last Modified By: 4006

http://www.mph2020.mahacet.org/prost2020/mpharm20/index.php/instituteReport/Controller/instReceipt?id=Mj0&md=M0&ms=R. D. Ganjivale



Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgun (Stephe), Wardha



# RECEIPT

D.S.T.S Mandal's

College of Pharmacy

Jule Solapur-1 Vijapur Road, Solapur-416004

Student Copy

Receipt No. 5135

Date - 27/01/2021

Roll No: 08

Student Name : PATIL SHIVPRASAD MANIKRAO

Branch & Class : M.Pharm (Quality Assurance) - I

SR.NO.	PARTICULARS	AMOUNT (RS.)
1	Devlopment Fees	5062
2	Tuition Fee	19469
3	University fee	640
4	University Examination Fee	
5	Caution Money Deposit	500
6	Excess Fees Refundable	
<b>TOTAL</b>		<b>25671</b>

Rupees In Words : TWENTY-FIVE THOUSAND SIX HUNDRED SEVENTY ONE ONLY

OBC

Mode Of Payment DD/Cheque

Drawn On UNION BANK OF INDIA

Subject to Realization of Cheque/DD.

Prepared By : swamiri



(Dr. R. O. Ganjiwale)

Principal

PRINCIPAL

Institute of Pharmaceutical Education & Research  
Borgnole (Steph), Wardha

Branch Nanded





# 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,**

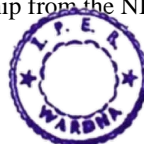
**Congratulations! This is to inform you have been allotted following program as per your choice preference and AI Rank for NIPER JEE 2020 for M.S. (Pharm.)/ M.Pharm./ M.Tech.(Pharm.) admission of 2020-2022 Batch.**

Application No. N002999  
 Candidate Name: SHUBHAM RAMDAS MULE  
 Rank: 664  
 Choice No. 17  
 Category Allotted: OBC  
 Course Allotted: M.S. (Pharm) Pharmaceutics  
 Institute Allotted: National Institute of Pharmaceutical Education and Research Raebareli  
 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.



(Dr. R. O. Ganjiwale)  
 Principal  
 PRINCIPAL  
 Institute of Pharmaceutical Education & Research  
 Borgooon (Steghe), Wardha

*(Handwritten Signature)*

(Signature of Student)





**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 : MPH20102056** **Mode of Admission : Non Sponsored**

**Personal Details**

<b>Full Name</b>	SAMEER SANJAY NARNAWARE		
<b>Nationality</b>	Indian	<b>Gender</b>	Male
<b>Date of Birth</b>	28-02-1998	<b>Annual Family Income (₹)</b>	4,00,001 - 4,50,000
<b>Category-Caste</b>	SC		
<b>Religious Minority/Linguistic Minority</b>	N.A		
<b>PWD Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		
<b>EWS Status</b>	N.A.	<b>Orphan Status</b>	N.A.

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

<b>Paid Amount (₹)</b>	₹ 1000/-	<b>Payment Status</b>	Successful	<b>Transaction Id</b>	order_GOL4NlbwBjWZ7U
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**Allotment Details**

<b>All India Merit Number</b>	2770
<b>Allotted Choice Code</b>	416112510
<b>Allotted Seat Type</b>	GSC
<b>Preference No.</b>	1

**Reporting Details**

<b>Institute</b>	Jay Mahakali Shikshan Sanstha's Agnihotri College of Pharmacy, Wardha		
<b>Tution Fees (₹)</b>	0/-	<b>Course</b>	416112510-Quality Assurance
<b>Development Fees (₹)</b>	0/-	<b>Admission Date</b>	12-01-2021
<b>Other Fees (₹)</b>	0/-	<b>Admission Type</b>	CAP Round
<b>Total Fees (₹)</b>	0/-		
<b>Remark</b>	Admitted		

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



(Dr. R. O. Ganjiwale)  
Principal  
PRINCIPAL  
Institute of Pharmaceutical Education & Research  
Borgoo (Aicgh), Wardha

