



LOKMANYA TILAK JANKALYAN SHIKSHAN SANSTHA'S  
**PRIYADARSHINI J. L. COLLEGE OF PHARMACY**

(Formerly called: J. L. Chaturvedi College of Pharmacy)

Electronics Zone Building, MIDC, Hingna Road, Nagpur-440016 (M.S.)

Tel. & Fax No. +91-7104-299510, E-mail: [jlccp\\_ngp@rediffmail.com](mailto:jlccp_ngp@rediffmail.com), Website : [www.jlccp.ltjss.net](http://www.jlccp.ltjss.net)


(Approved By AICTE & DTE, New Delhi; Affiliated to R.T.M. Nagpur University Nagpur)

## List of Students Placed during academic year 2018-2019

Name of student placed and contact details	Name of the employer with contact details	Pay package at appointment
Anup Kumar Mishra/7768969137	Alembic Pharma, Nagpur TSE (Entron)/ Phone : +91-265-663 7000	2 Lakh Per Anum
Chetan Dhanpal Borkar/8308997366	Ikon Remedies Pvt Ltd, Nagpur (Marketing)/ Phone : 8484033913	2.18 Lakh Per Anum
Chetan Gajanan Nimje/9730172123	Zim Laboratories Pvt Ltd, Kalmeshwar/ Phone : 7122981960	1.45 Lakh Per Anum
Chetana Dnyaneshwarji Jogi/7774930338	Ascent Healthcare Nagpur/ Phone :0712- 2222732, 33	1.45 Lakh Per Anum
Diksha Naneshwar Chaudhary/7798098089	Hospital Pharmacist, Nagpur	1.8 Lakh Per Anum
Harsh Mahesh Chauhan/7000241036	Hospital Pharmacist, Nagpur	1.8 Lakh Per Anum
Harsha Omprakash Kewat/9765957416	Hospital Pharmacist, Nagpur	1.8 Lakh Per Anum
Kunal Ashok Tiple/9561755942	Alembic Nagpur TBM (ouron)/ Phone : +91- 265-663 7000	2 Lakh Per Anum
Mayur Subhash Gundre/8830826167	Hospital Pharmacist, Apollo Hospital, nagpur	1.8 Lakh Per Anum
Mohd. Juber Abdul Iklakh Sheikh/8626046117	Zuventer Ltd, Nagpur	2 Lakh Per Anum

PRINCIPAL  
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Monu Yashwant Hedao/7028448135	CDL Nagpur	2 Lakh Per Anum
Parag Vijay Fulbande/8237758551	Govtment survey, Nagpur/ Phone :	1.75 Lakh Per Anum
Pradnya Arun Jogi/8208145234	LUPIN GOA Production/ Phone : 02266408237	1.75 Lakh Per Anum
Pranita Sheshrao Dhabale/8805737287	Hospital Pharmacist	1.8 Lakh Per Anum
Roshan Dilip Nimkar/7972284131	Ikon Remedies Pvt Ltd, Nagpur/ Phone : 8484033913	2.18 Lakh Per Anum
Sneha Khushal Hinge/7261991395	Hospital Pharmacist	1.8 Lakh Per Anum
Tushar Bhola Katwe/8237579091	Hospital Pharmacist	1.8 Lakh Per Anum
Yashwant Gorakhnath Khandale/9158992236	Alembic Pharma, Nagpur TSE (Zenovi)/ Phone : +91-265-663 7000	2 Lakh Per Anum

  
Dr. D. R. Chable  
(Principal)

# **Sample Proof of Documents for Placement**

# **2018-19**



Date: - 7<sup>th</sup> Jun 2019

To,  
**Mr. Chetan D. Borkar**  
89, near Zilla Parishad School Usralmendha,  
Dist. Chandrapur, Maharashtra- 441221

**OFFER LETTER**

Dear Mr. Chetan D. Borkar

With reference to your application and subsequent personal interview held with us, we are pleased to offer you the post of **Business Development Executive – (Field)** in our organization.

You will be entitled to receive the Monthly package of Rs. 13,000/- i.e. cost to the company.

You will be on the probation for six months. Your performance will be evaluated on regular basis. During this period. If your performance and behavior is found unsatisfactory, your services can be discontinued even before completion of six month of probation period.

After six months, based on your performance either your services would be confirmed or your probation period would be further extended.

Company reserves the right to transfer your services in any of the sister concerns of M/s. Ikon Remedies Pvt. Ltd. across India.

Please sign the duplicate copy of the offer letter as a token of your acceptance and return the same to us along with resignation copy of previous company.

Wishing you a long mutually rewarding career with us.

Yours faithfully.

*Kumar*

**For Ikon Remedies Pvt. Ltd.**

Read & Understood:

Mr. Chetan D. Borkar  
Business Development Executive

Date of Joining: 11<sup>th</sup> Jun 2019

Signature -----

Date-----



Ref. No. : APT / Summit / 829593

Date : 16/03/2020

**LETTER OF APPOINTMENT**

**"Form A"**

(See Rule 22 (1) of The Sales Promotion Employees (Condition of Services) Act 1976 with Sales Promotion Employees (Condition of Services) Rules 1976)

Name of the Establishment : Alembic Pharmaceuticals Ltd  
Address : Alembic Road, Vadodara-390003  
Name of the employer : Alembic Pharmaceuticals Ltd  
Name & address of Sales employee : **Mr. Chetan Nimje**  
At -Post Jalalkheda Ward No 4  
Nagpur , Maharashtra - 441301

With reference to your application and subsequent interview you had with us, We are pleased to put you as **Trainee Sales Executive** , for our **Summit** division based at **Nagpur - 1** as your Head Quarter with effect from **16/03/2020** on the following terms & conditions:

1. You will undergo training for a period of six months from the date of joining.
2. During your training period, you will be paid salary as per the Annexure – 1.
3. The training may comprise of classroom sessions and on-the-job training in nominated departments of the Division, and may include the assignment of independent work. It is mandatory that you successfully deliver the expectations of the theoretical and practical aspects of the training.
4. The Division will have the sole discretion of setting out your training program and for this purpose, you may be required to be transferred from one Division / Location / Head Quarter to another across India, if the Division is of the opinion that it is necessary for the purpose of your training.
5. During the training period, if your performance is any way found unsatisfactory, your training period will be discontinued on any day without giving any notice and without assigning any reason or compensation whatsoever. The Division will review at the end of every month your training progress and for that purpose may give some trade tests, if it is so desired. You must show satisfactory periodicals progress during the training period. Your training period can be extended / terminated / curtail at the discretion of the Division of the Company. You will continue to be on training till such time as you are otherwise communicated in writing.
6. Your suitability for probation will be determined on the basis of evaluation of your performance during training period. Based on the satisfactory performance and the Division Need, you may be put on probation in the division. The decision of the Division regarding your suitability for absorption shall be final.



7. It is expressly understood and agreed by you that the terms and conditions of your contract of training dealing with service conditions is applicable to the employees in the division only and has nothing to do with the terms and conditions of employees in any divisions, Company, Associate Company having separate service conditions.

8. You shall submit your reports and required information regularly to your superiors as per Rules and Policy of the division. You shall undertake to adhere to such scheme/procedures as the division may at its sole discretion introduce.

9. You will be entitled to leave with pay in accordance with the Leave provisions of the division and procedure or any amendments thereto and the rules framed by the division that may be in force from time to time. If you remain absent without prior permission or intimation for a consecutive period of ten days or more your Traineeship shall be liable for termination without notice or appropriate disciplinary procedure will be initiated accordingly.

10. During the continuance of your employment, you will not accept any part-time or full-time employment in any Organization whether with or without remuneration. You will also not pursue any educational/vocational courses part time or full time without prior permission of the Company.

11. You will inform in writing the Management of any change in your residential address and family status at the earliest. On failing to do so, all communications intended to be served on you would be sent to your last address as per our records and this shall be deemed to be sufficient service on you.

12. You shall not either during the continuance of your training or thereafter disclose, divulge, or make public or use any information / knowledge which you may acquire in the course of your training in any way about any of the affairs or secrets of the Division, Company or any processes, accounts, transactions and dealings of the Division, Company to any person, firm or Division, Company to the prejudice of organization.

13. You are required to devote your full time attention and efforts to the furtherance of the business of the Division of the Company and to continually develop your professional skills in your own and Division's mutual interests. You shall not during your training with the Division directly or indirectly engage yourself in or devote attention to any full time, part time training or business or monetary position other than that of the Division. You shall be true and faithful to the Division in all dealings and transactions relating to the Division's business.

14. If at any time during period of your training, you are found dishonest, disobedient, intemperate, irregular in attendance or at work or commit a breach of the terms and conditions of your training, the Division shall notwithstanding anything to the contrary that may be contained herein, be entitled to terminate your training forthwith without any notice whatsoever and may deduct without prejudice to any other rights and remedies which the Division may have against you from the emoluments, if any then due to you, the amount of any loss to the Division may have sustained has occurred, shall be final conclusive and binding upon you in all respect and shall not be questioned by you on any grounds whatsoever.

**ALEMBIC PHARMACEUTICALS LIMITED**

15. You shall not borrow or collect any money on Division's account from any dealer or Doctor or Chemist/stockiest or other party. You shall not accept or undertake to accept either directly or indirectly any gift, gratification, commission or other favour of any kind whatsoever in connection during your training.

16. If at any time, the Management is not in a position to provide you training for reasons beyond the control of the Management such as floods, earthquake, fire, riots, etc. the period of absence may be treated as leave without pay.

17. You will be retired or superannuated from the services of the division on completion of 58 years of age. The date of birth as declared by you verified at the time of your employment will be reckoned final for this purpose.

18. Your above training is subject to your medical fitness and retaining reasonable medical fitness during the tenure of your training and as certified by the Doctor appointed by the Division for this purpose. The Division may require you to undergo medical check up as and when required at the Division's cost by any Doctor/Doctor's nominated by the Division. If after such examination, the Division is of the opinion that continuance of your training is medically not advisable or that you are not in a position to undergo training, the Division may discontinue your training forthwith without any notice.

19. Any instance of misconduct, breach of any of the clauses, rules and regulations governing your engagement, neglect of your duties, insubordination, riotous behavior, insolence, absence from duty without prior sanction, dishonesty, embezzlement and accepting any commission or discount from any merchant or outsiders or such behavior in contravention of traditional/ common during your training or if you are tried and/or convicted for any criminal offence, you shall be dealt with appropriately.

20. In the event of your being indulging in any acts or commission constituting misconduct, including unwelcome physical contact and advances and / or a demand or request for sexual favour and /or sexually colored remarks/jokes, and /or showing pornography and / or any other physical, verbal or non-verbal conduct of a sexual nature, which will tantamount to an act of moral turpitude, you shall be dealt with appropriately.

21. In case you are absent from your assigned duties for more than ten days at a stretch without prior written approval of your Superior, appropriate action will be initiated accordingly. Absence from your assigned duties for the purposes of this clause would also include not following the rules and procedures of our Company for submission of the daily, monthly or other prescribed reports.

22. If any question of interpretation of any terms / conditions of your engagement / training arises, the Division's decision shall be final and binding on you. In case of any dispute or difference arises out of or in connection with your engagement, including any further terms and conditions that may be laid down from time to time, it shall be subject to the exclusive jurisdiction of the appropriate court in the city of Baroda.

**ALEMBIC PHARMACEUTICALS LIMITED**

ALEMBIC ROAD, VADODARA - 390 003 • TEL. : (0265) 2280550, 2280880 • FAX : (0265) 2282506

Website : [www.alembicpharmaceuticals.com](http://www.alembicpharmaceuticals.com) • E-mail : [alembic@alembic.co.in](mailto:alembic@alembic.co.in)

CIN - L24230GJ2010PLC061123

23. You shall submit your reports and required information regularly to your superiors as per the rules and policy of the company in such prescribed format from time to time. You shall undertake to adhere to such schemes/ procedures like Cell Phone Reporting or such other method of reporting as the company decides as per the requirements and as per the exigencies of the business.

We welcome you in our Organization and look forward to your completion of successful training with us.

**Yours truly,  
For Summit,**



**Chitra Shetty  
Deputy General Manager-Human Resources**

**I have read and understood all the terms and conditions of appointment and I shall abide by them in toto.**

**Place :**

**Date :**

**(Signature)**



ANNEXURE-A

16th Mar, 2020

**ALEMBIC PHARMACEUTICALS LTD**

**NON METRO**

**ANNEXURE (Compensation Details)**

**Candidate Name** : Mr. Chetan Nimje  
**Division** : Summit  
**HQ** : Nagpur - 1  
**Designation** : Trainee Sales Executive  
**DOJ** : 16th Mar, 2020

Sr. No.	Salary Head	Amount(Rs.)	Frequency
1	Basic	9833	Monthly
2	HRA	3933	Monthly
3	Hospitalization Premium	293	Monthly
4	Kit Allowance	204	Monthly
5	PF (Company)	1180	Monthly
6	Bonus	9000	Yearly
7	Gratuity	5676	Yearly
Annual CTC		200004	Yearly
<b>Amount In Words: Rupees Two Lac Four Only.</b>			



**Chitra Shetty**  
**Deputy General Manager-Human Resources**

Notes :

1. Gratuity will be payable as per The Payment of Gratuity Act, 1982 and employee will be eligible for gratuity only after rendering 5 years of continuous service in organization.
  2. Payment of Bonus will be made as per The Payment of Bonus Act, 1965.
  3. There will be variation up to Rs. 12/- per annual in CTC due to rounding-off the monthly amount.
- Please sign duplicate copy of this appointment letter and send back to the authorized signatory as a token of your acceptance of the appointment on the terms and conditions mentions here in above.

**Place :**

**Date :**

**(Signature)**

**ALEMBIC PHARMACEUTICALS LIMITED**



State Common Entrance Test Cell, Maharashtra State, Mumbai  
305, Government Polytechnic Building, 49, Kherwadi, Bandra (E), Mumbai 400051. (M.S.)  
Receipt-cum-Acknowledgement of Option/Preference Form For CAP Round II for Admission to First Year Of Two Year Full Time Post-Graduate Course In  
Pharmacy (M. Pharm.) for the year 2017 - 2018

Mode of Application : Non Sponsored		Application ID : MPH17102142		Version : 1	
Full Name		MANKAR HEMA CHINTAMAN			
Type of Candidature		Maharashtra State Candidate - Type A			
Gender		Female		Caste-Category (Sr.No.) SC - Mahar [37]	
PWD Type		Not Applicable		Defence Type Not Applicable	
Religious Minority Type		N.A.		Linguistic Minority Type N.A.	
Merit Status					
State Level General Merit No		2838		B.Pharmacy Percentage 64.55 %	
Option/Preferences given by the Candidate					
Pref No.	Choice Code	Pref No.	Choice Code	Pref No.	Choice Code
1	100382010	2	419981710	3	419912610

**Declaration**

I have read all the rules of admission and on understanding these Rules, I have filled and Confirmed the Online Option/Preference Form of CAP Round II for the admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the Academic Year 2017-2018.

The information given by me in this Option/Preference form is true to the best of my knowledge & belief. I am fully aware that I will be responsible for any further consequences arises due to my mistake.

I also herewith undertake that, at later stage, if it is found that I have submitted false certificate(s)/document(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subjected to legal and/or penal action as per the provisions of the law.

Date : 05-08-2017

**Signature of the Candidate**  
(MANKAR HEMA CHINTAMAN)

The Option/Preference Form for CAP Round II for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the Academic Year 2017-2018 is confirmed as per the choices given above. We hereby acknowledge the confirmed Option/Preference Form.

Confirmed on : 02-08-2017 01:58:17 PM

Last modified on : 02-08-2017 01:56:33 PM

Printed on : 05-08-2017 11:55:49 AM

Confirmed By : MPH17102142

Last modified by : MPH17102142

Printed By : MPH17102142

(Chandrashekar Oak) IAS  
Commissioner, State CET Cell, Maharashtra State, Mumbai



This is a computer generated receipt. Do not require a signature.



# ARCO LIFESCIENCES (INDIA) PVT. LTD.

Factory & Regd. Office :-

C-86, MIDC, HINGNA, NAGPUR - 440016 • Ph. : (F) : (Telefax) 07104-237046, +91-9665824045  
(M) : 9373102716, 9422806191 (Dr. N. D. Agrawal)

Website : <http://www.arcolifesciences.co.in> • E-mail : [arcolifesciences@yahoo.co.in](mailto:arcolifesciences@yahoo.co.in)

ARCO/2019-20 /

Date: 11/07/2019

To,  
Mrs Sukanya Kharbade  
Plot Ni 76, Gita Nagar, Manewada Besa Road  
Mhalgi Nagar,  
Nagpur 440034

Ref: Your Application for the position of Quality Control Chemist

Subject.: Appointment Letter

Dear Ms Sukanya,

With reference to your application for the position of Quality Control Chemist, we are pleased to inform you that you have been appointed for a position of **Quality Control Chemist** in our organization.

You will be on a Probation period for 1 year. The duty timing will be from 9:00 AM to 6:30 PM on all working days with a weekly off on Wednesdays.

Please indicate your acceptance by returning a signed copy of this letter.

Looking forward to having you on our team and wishing you a successful career ahead.

For Arco Lifesciences (I) Pvt. Ltd

Authorized Signatory

Accepted by – Kharbade

Name: Sukanya Kharbade

Date: 11-07-19







LOKMANYA TILAK JANKALYAN SHIKSHAN SANSTHA'S  
**Priyadarshini J. L. College of Pharmacy**

(Formerly called: J. L. Chaturvedi College of Pharmacy)  
Electronics Zone Building, MIDC, Hingna Road, Nagpur-440016 (M.S.)  
Tel & Fax No. +91-7104-299510, E-mail: [jlcp\\_ngp@rediffmail.com](mailto:jlcp_ngp@rediffmail.com), Website : [www.pjlcp.edu.in](http://www.pjlcp.edu.in)  
NAAC Accredited with B++ Grade

**Students Progressing to Higher Education (2018-19)**

Sr. No.	Name of student who enrolled for higher education	Program graduated from	Year of graduation	Name of institution joined	Name of program admitted to
1.	Aman Prakash Tiwari	B.Pharm	2019	Government College of Pharmacy, Nashik	M.Pharm
2.	Amritha G. Nambiar	B.Pharm	2019	Indian Institute of Technology Banaras Hindu University, varanashi	M.Tech
3.	Anuja Arun Bhure	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
4.	Bhagyashree Sunil Mundhe	B.Pharm	2019	NDVPM college of Pharmacy, Nashik	M.Pharm
5.	Bhavika Anil Ramtekkar	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
6.	Charudatta Sharad Jog	B.Pharm	2019	Chandigarh	M.Pharm
7.	Datta Madhav Avhad	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
8.	Deepti Ravindra Damle	B.Pharm	2019	P. Wadhvani College Of Pharmacy, Yawatmal, MS	M.Pharm
9.	Harshita Prashant Suke	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
10.	Jayshree Vilas Motghare	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
11.	Juhi Nandgiri Giri	B.Pharm	2019	P. Wadhvani College Of Pharmacy, Yawatmal, MS	M.Pharm
12.	Kajal Vijay Thool	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
13.	Krutika Shriram Bobade	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
14.	Manoj Gajanan Bajait	B.Pharm	2019	NDVPM, College of Pharmacy, Nashik	M.Pharm
15.	Meera Arun Ingle	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
16.	Nadeem Ahmad Sheikh	B.Pharm	2019	Jamia Islamia Humdard, NewDelhi	M.Pharm
17.	Neha Parasnath Dubey	B.Pharm	2019	Manipal college of Pharmaceutical sciences, Manipal	M.Pharm

*(Handwritten Signature)*

PRINCIPAL  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.

18.	Nikita Alok Naidu	B.Pharm	2019	Shreemati Kishorital Bhoyar College of Pharmacy, Kamptee	M.Pharm
19.	Nikita Vijayant Nimsarkar	B.Pharm	2019	D Y Patil College of Management Arkude Pune	M.Pharm
20.	Parag Arvind Lekurwale	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
21.	Poonam Ajit More	B.Pharm	2019	P. Wadhvani College Of Pharmacy, Yawatmal, MS	M.Pharm
22.	Pratik Ramesh Mishra	B.Pharm	2019	University Department of Pharmaceutical Sciences, Nagpur	M.Pharm
23.	Rani Jagdish Rode	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
24.	Ravina Nilkanth Pounikar	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
25.	Rohit Tulsiram Durge	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
26.	Samiksha Prabhakar Sondawale	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
27.	Saras Hemant Tiwari	B.Pharm	2019	D Y Patil college of Pharmacy Pune	M.Pharm
28.	Soniya Sanjay Kshirsagar	B.Pharm	2019	Manipal college of Pharmaceutical sciences, Manipal	M.Pharm
29.	Swati Khemraj Turkar	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm
30.	Vidya Sukruji Porete	B.Pharm	2019	Institute of Pharmaceutical Education and Research Wardha	M.Pharm
31.	Vrushali Hemant Talmale	B.Pharm	2019	Priyadarshini J L College of Pharmacy, Nagpur	M.Pharm

32. Priyanka Udasi

33. Medhavi Bhadke

34. Komal Gaikwad.

*Signature*

**T&P In-Charge**  
(Mr. S. K. Shah)

*Signature*

**Principal**  
(Dr. D. R. Chate)

Associates Prof. / Asstt. Prof.  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.

**PRINCIPAL**  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.

**Sample Proof of Documents  
for Higher Education**

**2018-19**





**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 : MPH19200512

Mode of Admission : Non Sponsored

**Personal Details**

Full Name	DATTA MADHAVRAO AVHAD		
Nationality	Indian	Gender	Male
Date of Birth	03-03-1997	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	NT 2 (NT-C) -Dhangar		
Religious Minority/Linguistic Minority	N.A		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



*Signature*

**Allotment Details**

All India Merit Number	3189
Allotted Choice Code	426582210
Allotted Seat Type	CAPMIM
Preference No.	3

**Reporting Details**

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur		
Tuition Fees (₹)	0/-	Course	426582210-Pharmaceutical Chemistry
Development Fees (₹)	10000/-	Admission Date	03-08-2019
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	10000/-		
Remark	Documents verified and 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: 03-08-2019

Place: Nagpur

*Signature*  
Signature of The Candidate  
(DATTA MADHAVRAO AVHAD)



**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 Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur



*Signature*  
Signature of Institute Officer (4265)

Reported On: 03-08-2019 03:34:48 PM

Reported By: 4265

Printed On : 03-08-2019 03:35:00 PM

Printed By: 4265

Last Modified On : 03-08-2019 03:34:48 PM

Last Modified By: 4265

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*Signature*

**PRINCIPAL**  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.

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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 : MPH19200726

Mode of Admission : Non Sponsored

Personal Details

Full Name MOTGHARE JAYSHREE VILAS

Nationality Indian

Gender Female

Date of Birth 10-11-1995

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

Category-Caste SC -Mahar

Religious Minority/Lingulstic Minority N.A

PWD Type N.A.



*Signature*

Type of Candidature Maharashtra State Candidate - Type A

Allotment Details

All India Merit Number 975

Allotted Choice Code 426581710

Allotted Seat Type GOPEN

Preference No. 2

Reporting Details

Institute Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur

Tution Fees (₹) 0/-

Course 426581710-Pharmaceutics

Development Fees (₹) 0/-

Admission Date 13-08-2019

Other Fees (₹) 0/-

Admission Type CAP Round

Total Fees (₹) 0/-

Remark Verified and 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.

Signature of The Candidate  
(MOTGHARE JAYSHREE VILAS)



Date:13-08-2019

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.

Signature of Institute Officer (4265)

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur



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*Signature*

PRINCIPAL  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.

**State Common Entrance Test Cell, Maharashtra State, Mumbai**  
 10th 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: MP119204692

Mode of Admission: Non Sponsored

**Personal Details**  
 Full Name: BHURE ANUJA ARUNRAO  
 Nationality: Indian  
 Date of Birth: 29-01-1996  
 Category: Caste OBC -Kumabi  
 Religious Minority/ Linguistic Minority: N.A  
 PWD Type: N.A.  
 Type of Candidature: Maharashtra State Candidate - Type A

**Annual Family Income**  
 Gender: Female  
 (₹) 50,001 - 1,00,000



**Allotment Details**

All India Merit Number: 2465  
 Allotted Choice Code: 426502210  
 Allotted Seat Type: GOPEN  
 Preference No.: 2

**Reporting Details**

Institute: Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur  
 Tuition Fees (₹) 40000/-  
 Development Fees (₹) 10000/-  
 Other Fees (₹) 0/-  
 Total Fees (₹) 50000/-  
 Remark: Verified and admitted  
 Course: 426582210-Pharmaceutical Chemistry  
 Admission Date: 13-08-2019  
 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: 13-08-2019

Signature of The Candidate  
 (BHURE ANUJA ARUNRAO)

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 Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur



Signature of Institute Officer (4265)

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Reported By: 4265

Printed On: 13-08-2019 05:09:31 PM

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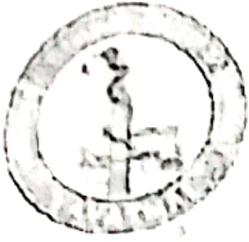
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**PRINCIPAL**  
 Priyadarshini J. L. College of Pharmacy, Nagpur.





Yavatmal Zilha Vikas Samiti

**PATALDHAMAL WADHWANI  
COLLEGE OF PHARMACY**

Moha Phata , Dhamangaon Road , Yavatmal - 445001

**Receipt Student Copy**

Reg. No. : 1987

Roll No :

Receipt No. : PWCOPOFR0042

Name : GIRI JUHI NANDGIRI

Gender : Female

Date : 23/07/2019

Class : MASTER OF PHARMACY - First Year

Catagory : NT

Year : 2019

Sr. No.	Fee Name	Amount (Rs.)
1	Prospectus & Admission Form	500.00

**Received By Cash**

Rs In Words : FIVE HUNDRED ONLY

Total :

500.00

DD No.:

**Narration : ADMISSION FORM & ENROLLMENT FE**

Note : Receipt subject to realisation of cheque/D.D.

PRINCIPAL  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.

Signature of Cashier & Seal



**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 : MPH19203592

Mode of Admission : Non Sponsored

**Personal Details**

Full Name BHADKE MEDHAVI YASHWANT	
Nationality Indian	Gender Female
Date of Birth 16-11-1995	Annual Family Income (₹) 2,00,001 -2,50,000
Category-Caste SC -Buddhist	
Religious Minority/Linguistic Minority N.A	
PWD Type N.A.	
Type of Candidature Maharashtra State Candidate - Type A	



**Allotment Details**

All India Merit Number	3959
Allotted Choice Code	426582210
Allotted Seat Type	CAPMIM
Preference No.	1

**Reporting Details**

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur	
Tuition Fees (₹) 0/-	Course	426582210-Pharmaceutical Chemistry
Development Fees (₹) 0/-	Admission Date	03-08-2019
Other Fees (₹) 0/-	Admission Type	CAP Round
Total Fees (₹) 0/-		

Remark Documents verified and 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: 03-08-2019

Place: Nagpur

*Medhavi*  
Signature of The Candidate  
(BHADKE MEDHAVI YASHWANT)



**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 Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur



*SSA*  
Signature of Institute Officer (4265)

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Last Modified By: 4265

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*Seel*  
PRINCIPAL  
Priyadarshini J. L. College of  
Pharmacy, Nagpur.