



SHRI BALAJI SHIKSHAN PRA SARAK MANDAL'S

# B. PHARMACY COLLEGE

Modi Learning Center, Ring Road, Ambajogai-431517, Dist. Beed (MS)

Affiliated to BAMU University, Chh. Sambhajinagar

Approved by PCI, New Delhi, D.T.E. Mumbai and Govt. of Maharashtra

**NAAC Accreditation "B+" Grade**



Website: [www.mlcpharmacy.edu.in/copambajogai](http://www.mlcpharmacy.edu.in/copambajogai)

E-mail: [sbspmpincipal@gmail.com](mailto:sbspmpincipal@gmail.com)

## List of student Registered for Higher Education 2023-24

Sr.No.	Name of student	Course	Branch / Specialization	Institute Name
1	Miss. Shraddha Rahul Chavan	M.Tech	Drug & Pharmaceuticals	University , Departmental Of Chemical Technology (BAMU) Chh. Sambhajinagar
2	Mr. Prajwal Santosh Raut	M.PHARM	Pharmaceutics	R. C. Patel institute of Pharmaceutical science & Research Shirpur Dist. Dhule
3	Mr. Pratik Rameshwar Gore	M.PHARM	Pharmacology	R. C. Patel institute of Pharmaceutical science & Research Shirpur Dist. Dhule
4	Mr. Omkar S. Bochare	M.PHARM	Regulatory Affairs	R. C. Patel institute of Pharmaceutical science & Research Shirpur Dist. Dhule
5	Mr. Sainath Govind Mane	M.PHARM	Quality Assurance	Kishoritai Bhojar College of pharmacy Kamptee
6	Miss. Shivani Shivrudra Ople	M.PHARM	Pharmaceutics	Godavari College of Pharmacy Kolpa Latur
7	Miss. Renuka Sahebaro Rathod	M.PHARM	Pharmaceutics	Godavari College of Pharmacy Kolpa Latur
8	Miss. Mohini Bhagwat Kadhbhane	M.PHARM	Pharmacognosy	Durgamata institute of Pharmacy Dharmapuri Parbhani
9	Miss. Priti Maruti Kale	M.PHARM	Pharmacology	Gurukrupa Sevabhavi Sanstha GIOP Majalgaon Beed.
10	Miss. Rutuja Sopan Bhale	M.PHARM	Pharmaceutics	Gurukrupa Sevabhavi Sanstha GIOP Majalgaon Beed.
11	Miss. Pratiksha Bhimrav Gawade	M.PHARM	Quality Assurance	Dnyansadhana College of Pharmacy Dharmapuri Pati Parbhani
12	Mr. Aman Shaikh Shahed Shaikh	M.PHARM	Pharmaceutics	Aditya College Of Pharmacy Bid
13	Miss. Quazi Nishat Firdous Rafiquddin	M.PHARM	Pharmaceutics	SBSPMs B.Pharmacy College Ambajogai Dist. Beed

*Smash*  
**Principal**  
B.Pharmacy College  
Ambajogai



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# B. PHARMACY COLLEGE

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Website: [www.mlcparmacy.edu.in/copambajogai](http://www.mlcparmacy.edu.in/copambajogai)

E-mail: [sbspmpincipal@gmail.com](mailto:sbspmpincipal@gmail.com)

## Placement Details 2023-24

Sr. No.	Name of student	Name of Organization	Department	Contact No.
1	Miss. Shubhada Ramvallbh Tripathi	Primary Health Care Pohner, Parli Dist. Beed	Pharmacy Officer	7721069859
2	Miss. Sakshi Vishnu Khatawkar	Ajanta Pharma Limited Chitegaon Chh. Sambhajinagar	Quality Control	9921478422
3	Mr. Parth Prashant Kulkarni	Samrudh Pharmaceuticals Private Limited	Quality Assurance	7767915009
4	Mr. Pawan Limbaji Kavhale	Flemingo Pharmaceuticals Nanded	Quality Assurance	7558751248
5	Mr. Suraj Dattatray Handibag	Cipla Pharmaceuticals Goa. Unit-2 Aerosol Plant	Production	9322633432
6	Mr. Pavan Manohar Mohnalkar	Medcode Services Madhpur Hyderabad	Coder/Trainer	9172846732
7	Mr. Shailendra Goud	Optum Medcode Pune	Coder/Trainer	9130888303
8	Mr. Saurabh Pramod Male	Tricos Dermatologics	Buisness Executive	8087285343
9	Mr. Ganesh Abhiman Pawar	Lupin Limited	Marketing	9067654657
10	Miss. Sarita Shrinivas Chavan	RV Life sciences Chh. Sambhajinagar	Quality Assurance	8010255670
11	Miss. Nikita Arvind Gadade	SDMVM Diploma institute of Pharmacy Chh. Sambhajinagar	Lecturer	7721069859
12	Miss. Ashwini Nandkumar Kadam	Beleshwar institute of Pharmacy Parbhani	Lecturer	7263885554
13	Mr. Sanket Tukaram Netke	Medplus health solution Ambajogai	Medical Shop	8308539183

*Smish*  
Principal  
B. Pharmacy College  
Ambajogai



# Diploma in Pharmacy Institute

Paithan Road, Gevrai Tanda, Dist. Aurangabad  
(Approved by PCI (New Delhi), DTE Mumbai, Govt. of Maharashtra and Affiliated to MSBTE Mumbai)

Ref No.:sdmvm/office/24-25/601

Date: 18/02/2025

## ORDER OF APPOINTMENT

To,

Ms. Nikita Gadade

Kancharwadi.

Aurangabad.

Subject: Appointment for the post of Lecturer (D. Pharm)

Sir,

Your application dated 18/02/2025 for the post of Lecturer & as per the Selection Committee constituted for the Selection / Appointment for the post of Lecturer. The management of Shri Dhaneshwari Manav Vikas Mandal has decided to appoint you as Lecturer at, Diploma in Pharmacy Institute, Gevrai Tanda, Paithan Road,

Your appointment is subjected to the following terms and condition:

- 1 Your services will be governed by rules and regulation laid down by the management of Shri Dhaneshwari Manav Vikas Mandal.
- 2 Your appointment is subject to the terms & conditions of DTE, AICTE, PCI & Government of Maharashtra.
- 3 Your appointment is on probation for a period of one year after successful completion of the probation, the governing body of the society may decide the confirmation of the said post.
- 4 If you are found to be involved in any kind of defaming work related to your job & this institute. You will be terminated from your services immediately.
- 5 You will have to submit the photocopies of relevant testimonials such as mark sheets and certificates of degree, Experience, Caste etc. at the time of joining duties.
- 6 Your service is transferable to any other colleges run by the management.

You will have to join within ten days from the date of receipt of this Order of Appointment, failing which your appointment is liable to be cancelled



Principal  
S.D.M.V.M.P.S.  
Diploma in Pharmacy Institute  
Gevrai Tanda, Paithan Road  
Chhatrapati Sambhajinagar

Shri Beleshwar Shikshan Prasarak Mandal's



**BELESHWAR INSTITUTE OF PHARMACY**

Beleshwar Nagar, Nandkheda Road, Parbhani Tel. : 222280



**Ms. KADAM ASHWINI NANDKUMAR**

Designation : Lecturer

Date Of Birth : 15/08/2000

Blood G : O +

Mo. No. : 7263885554

Address : Trimurti Nagar,  
Parbhani

Principal

MedPlus



**Netke Sanket Tukaram**

**E Code :OMH01214**

**HRMS Code :MED1079481**

*[Signature]*  
Issuing Authority

**Optival Health Solution Pvt. Ltd**

House No. 2397A/24, Mouza Valhoda, Ward No. 21, P.H.No. 34,  
Khasara no. 99/1, Plot no. 24, Opp. Harrison Lawn,  
Near Narayana School, Sarju Nagar,  
Wathoda, Nagpur, Maharashtra-440034

Pharmacist / Party Sales Officer



# Lupin Limited

3rd Floor, Kalpataru Inspire, Off Western Express Highway,  
Santacruz (E), Mumbai - 400055. Phone: 022 6640 2323



NAME : GANESH ABHIMAN PAWAR

EMP.NO.: 40039085

DEPT.: UDAY

Authorised Signatory

January 17, 2025  
Mr. Ganesh Abhiman Pawar  
UDAY - Pune  
HQ: Parli

Subject: Offer Letter

Dear Mr. Ganesh Abhiman Pawar

With reference to the interview you had with us, as mutually agreed, we are pleased to offer you the post of **MARKETING TRAINEE** at MT Grade in our UDAY division based at Parli.

You are requested to submit the following on date of your joining:

- Copy of your resignation with your present employer, duly acknowledged by your superior.
- Two passport size photograph.
- Copy of resignation acceptance letter from present employer (may be submitted at the time of joining)

You shall be paid gross remuneration of **Rs.320,762/-** per annum inclusive of Provident Fund, Bonus, Gratuity, etc. given to employees as per rules.

You are requested to join Company on or before **20.01.2025**.

Please contact Mr Nitesh Chandraprakash Bande, Sr. Regional Sales Manager-Pune, mobile no. 9881171020 for further guidance.

The Appointment letter will be given to you on your joining the Company. Your appointment is subject to following:

- Submission of your medical fitness certificate on joining duties.
- Reference check.
- No Criminal records.
- Validation of all the submitted documents.

Kindly return the duly signed copy of this letter in acceptance of the offer.

Wishing you all the very best.

Yours faithfully,

**FOR LUPIN LIMITED**

  
Swara Surve  
Sr. Executive- Human Resources

Enclosed: Remuneration structure

**LUPIN LIMITED**

Registered Office: 3rd Floor, Kalpataru Inspire, Off W.E. Highway, Santacruz(East), Mumbai - 400055 India.  
Tel: (91-22) 6640 2323 Corporate Identity Number: L24100MH1983PLC029442 [www.lupin.com](http://www.lupin.com)

**LUPIN LIMITED**  
**REMUNERATION STRUCTURE**

Mr. Ganesh Abhiman Pawar



ANNEXURE - 'A'

SALARY BREAK UP

Name of Employee: Mr. Saurabh Pramod Male

H.Q: Pune

Designation: Business Executive

D.O: 11<sup>th</sup> December 2023

HEAD	MONTHLY	ANNUAL
BASIC	14500	174000
HRA	9433	113796
GROSS (A)	23983	287796
PF EMPLOYEE CONTRIBUTION	1740	20880
ESIC EMPLOYEE CONTRIBUTION	0	0
PT	200	2500
DEDUCTION (B)	1940	23380
TAKE HOME (A-B)	22043	264516
PF EMPLOYER CONTRIBUTION	1740	20880
ESIC EMPLOYER CONTRIBUTION	0	0
BONUS*	944	11328
CTC	26667	320004

Note: Bonus will be paid annually.

Wishing you "All the Best"

Tricos Dermatalogics Pvt. Ltd

*Rupal Deyrukhar*



Ms. Rupal Deyrukhar  
Manager - HR, Admin & Sales

Communication Address :  
303-A-Wing, Sunon 5th Floor, Sunon 5th Floor, Eshwarine 1st, Mumbai, 400043, Tel : 022 - 4970840 / 41742743  
Registered Address : 502, Masterwood - T. Royal Palm, Airoly Colony, Goregaon (East), Mumbai, Maharashtra, India - 400066.  
CIN: IN4022MH2005PT078712



**10. Transfers**

The Company shall be at liberty to transfer your services, within India to any division, establishment or place of work of the company, subsidiaries, Joint Ventures, Associates or of the centers in which the Company has substantial interest in terms of ownership or management on the date of such transfer.

Such transfers will not create for you any right to ask for revision in your salary or other terms and conditions of your services, nor will you be entitled for re-locating expenses. Consequent to such transfers, you shall be governed by the terms and conditions of service as applicable to your category of employees in the new work place.

**11. Personal Records**

This appointment is offered on the basis of your having furnished to the Company correct information regarding your past service/s and other records. If at any time it is revealed that the employment has been obtained by furnishing false information or by withholding pertinent information, the Company shall be free to terminate your services at any time without any Notice or compensation thereof.

**12. Dress Code**

You will observe a formal dress code with a necktie during visits to customers, meetings, conferences, and formal official interactions.

**13. Absconding**

In case you are absent from duty without intimation and approval from the assigned authority for continuous three working days, you shall be deemed absconding from services and will be automatically terminated from employment.

In this event you would be liable to pay the company a sum equal to your one month gross salary towards liquidated damages, which is the amount spent by the company on your selection and training and which represents a genuine estimate of damages that would reasonably be caused to the business of the Company on account of the said breach.

**14. Survival**

The covenants and obligations of the employee to protect the trade secrets and confidential information of the Company including, without limitation, those obligations and covenants in this appointment letter shall survive for at least 2 years from the date of termination of relationship.

**15. Loans**

The company does not have any policy to allow loans to employees with the exception that a nominal help could be provided in case of medical emergency of the employee from case to case basis and at a sole discretion of the management.

**16. Retirement Age**

Your retirement age from the company will be 58 years and will be calculated as per the certificates submitted by you at the time of appointment.

*Devanki Kerk*

**7. Termination**

In the event you do not continue your employment with the Company for the period six months, then you shall, on demand, pay the company a sum equal to your one month gross salary towards liquidated damages, which is the amount spent by the company on your selection and training and which represents a genuine estimate of damages that would reasonably be caused to the business of the Company on account of the said breach. You further agree to pay other expenses relating to loss of man and machine hours which otherwise would have fetched a reasonable amount of profits to the business of the Company. In case you want to disengage yourself during probation / post confirmation, you are at liberty to terminate your services by giving a clear one month's Notice in writing or by paying an amount equivalent to one month's basic salary in lieu thereof. During Probation/ post confirmation, be at liberty to terminate your services by giving one month previous notice in writing or by paying an amount equal to one month's basic salary in lieu thereof.

The company reserves the right to terminate the employment of any employee after assigning a valid reason.

On termination of employment and / or your resignation during the period of your services, you will immediately give up to the Company all accessories, data, records, documents, visuals, forms, books, catalogues, brochures etc. of whatsoever nature in your custody, care or charge and obtain clearance from the relevant distributors, GSA, C&F, stockists, person(s), office(s), department(s), on production of which alone your dues, if any, will be settled by the Company. Give an account for any money that you have received for company's work. The company reserves the right to block/lock your email account and ERP login wherever applicable.

All pending work must be completed and full documentation, etc. must be handed over before leaving. During the period of notice, you would be liable to complete the standard target assigned by your manager. In the event of non-completion of the target, company reserves the right to deduct one month salary. Dues will be cleared with a minimum 45 days window period after the complete handing over of charge. Excess leave taken, which has not been adjusted will be adjusted against the dues (leave policy applies). In case an employee does not give the required thirty days' notice, the company can deduct the last 30 days salary of the employee.

In case you are absent from duty without intimation and approval from the assigned authority for continuous three working days, you shall be deemed absconding from services and will be automatically terminated from employment. In this event you would be liable to pay the company a sum equal to your one month gross salary towards liquidated damages, which is the amount spent by the company on your selection and training and which represents a genuine estimate of damages that would reasonably be caused to the business of the Company on account of the said breach.

Your services will be terminated with immediate effect without any compensation if you refuse to report to the manager assigned to you, you refuse to perform the tasks, duties assigned to you, you are abusive, you physically assault and/or threaten any employee of Tricos Dermatology Pvt. Ltd. If any supporting documents for rent, investments, etc. have not been submitted, then relevant TDS will be deducted and adjusted against the final settlement of dues.

*Devendra Khat*

Communication Address :

303 A-17/18, Nandan Milltown, Sunapet Road, Borivli, Mumbai 400013, Tel. : 922-49399-407-41-42/43.

Registered Address : 502, Mahalaxmi-1, Royal Palm Acrey Colony, Goregaon (East), Mumbai, Maharashtra, India, 400065.

CIN.No. U72500MH2012PTC097712



**Tricos**  
Dermatologics

**Tricos Dermatologics Pvt. Ltd.**

Date: 11<sup>th</sup> December 2023

To,  
Mr. Saurabh Pramod Male  
House No-51, Genu Nivas,  
Parijat Colony, Lane 5, Karve Nagar,  
Pune - 411052.  
Mob. No: +91 - 8887285343  
E-mail: saurabhmale3268@gmail.com

Dear Mr. Saurabh Pramod Male,

We have pleasure in appointing you the position of "Business Executive" with effect from 11<sup>th</sup> December 2023 to be based at HQ - Pune reporting to our Area Business Manager - Mr. Ganesh Rajeshwar Joshi (HQ - Pune) on the following terms and conditions:

**1. Compensation**

Your Annual Cost to Company will be Rs. 3,20,000/- (Rupees Three Lac Twenty Thousand & Four Only) (for salary break up see Annexure 'A'). The financial year is calculated from 1<sup>st</sup> April (Current Year) till 31<sup>st</sup> March (Following Year) every year. All calculations for Salary, TDS & Leave etc. are on the basis of above. Your entitlement for field working allowance are enclosed in Annexure 'B'.

The Salary offered is Gross per month. Any deductions like T.D.S., Profession Tax or Provident Fund or any such statutory deductions will be made by the Company and suitable certificate will be provided in the prescribed format.

In case you provide a Rent Receipt or advice for investments made which reduce tax liability, the TDS deducted, will be adjusted accordingly. However, the onus of submitting the receipt is yours and failure to do so will involve deduction of suitable TDS. The details of investments must be made at the beginning of the financial year and any changes during the year must be informed immediately. If any supporting documents for rent, investments, etc. have not been submitted, then relevant TDS will be deducted and adjusted against the final settlement of dues.

Salary Certificate will be issued only at the end of the financial year. FORM 16 will be issued by the end of June (Post completion of the financial year) every year, irrespective of whether the employee has left the Company in middle of any financial year. It will be couriered to the address registered with the company/given by the employee.

**2. Incentive**

The detailed incentive plan (if applicable to you) will be given in writing by your respective manager as and when they are announced. Management reserves the right to change incentive structures without notice.

*D. D. Kulkarni*

Communication Address:

303, A-Wing, Naman Midtown, Senapati Bapat Marg, Elphinstone Ref, Mumbai, 400 013. Tel.: 022 - 48708948 / 41 / 42 / 43

Registered Address: 502, Mastermind - 4, Royal Palms Estate, Aarey Milk Colony, Goregaon (E), Mumbai, Maharashtra, India, 400 066

CIN No. U74599MH2008PTC187712

Optum



Blood Group  
B +ve

Shailendra Goud  
ESPM5400

PUNE



# MEDCODE Services

## Temporary ID Card



Full Name : Mohankar Ravan  
Designation : Trainee  
Issued Date : Aug 20  
Expiry Date : Oct 30  
Blood Group: B+

# BOARD OF APPRENTICESHIP TRAINING (WESTERN REGION)



(An Autonomous Body Under Ministry of Education, Department of Higher Education, Government of India)



5th Floor, Administrative Building, ATI  
Campus, V.N Purav Marg, Sion, Mumbai -  
400022  
Phone No: +91-22-24055635 /  
24053682



Fax No: Email:

Website: <https://nats.education.gov.in/>

## APPRENTICESHIP CONTRACT REGISTRATION FORM

### APPRENTICE INFORMATION

Name	Gender	Date of Birth	Age
SURAJ	M	09 JUN 2002	22
DATTATRAY			
HANDIBAG			
Enrollment Number			AMHBI5202052
Caste			OTHERS
PWD			N

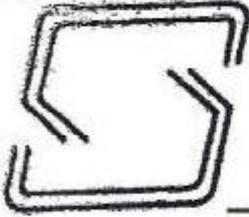
Father /  
Mother  
Name  
DATTATRAY

Address for Communication: 096334121handibag CGASGP17

Mobile Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contract ID: \_\_\_\_\_



# samrudh

## SAMRUDH PHARMACEUTICALS PRIVATE LIMITED

Regd. Off. : A/101, Prarthana Apartments, Plot No. 15, Jawahar Nagar, S. V. Road, Goregaon (W), Mumbai - 400 104.  
Tel. : 2873 8643, 6123 0300, 6123 0301, 6123 0302, 6123 0303

To,  
Mr. Parth Prashant Kulkarni  
At. Mangalwar Peth,  
Behind India Bank,  
Ambejogai, Beed - 431517.

Date : 10/03/2025

### Sub.: APPOINTMENT LETTER

This has reference to your application and subsequent interview you had with us. We are pleased to inform you that the company has decided to appoint you as "Apprentice Trainee in Quality Assurance" department From 10/03/2025 under certified standing orders in our Company on the following terms and conditions.

1. Initially your training or apprenticeship period shall be for a period of one year or more as per the vacancy status from the date of your joining in the first instance, which can be extended further for the period of six months or terminated without giving any notice or assigning any reason thereof. After completion of the training period, if found satisfactory, you will be accommodated if any vacancy will be there. During the period of training or apprenticeship management reserve its right to terminate your service on or before the expiry of training period without any notice or without assigning any reason what so ever.
2. If you desire to leave apprenticeship at any point of time you shall be required to seek prior sanction for leaving apprenticeship from management besides to give Three Months Notice in writing. You will not be relieved until your resignation is formally accepted in writing. The Company, reserve absolute right to relive or not relive and not to pay for three month training.
3. During the period of your training or apprenticeship, you shall not be entitled to any facilities, benefits or privileges as are applicable to other permanent staff. You will not be entitled to any casual leave or any other leave except annual leave with wages, which will be granted strictly in accordance with the provisions in the Factories Act and the rules made thereunder.
4. As trainee or apprentices you will not be entitled to join the provident fund and your apprenticeship will be governed by the company's standing order, certified rules and regulation and you will have to abide the same.
5. During the period of your training or apprenticeship with us, you will have to be regular in attendance and perform your duty due diligently.
6. During the period of training or apprenticeship with us, you will devote your whole time and attention to promote the interests of yourself and of the company and you shall diligently and faithfully learn and work in the company. You shall not engage yourself directly or indirectly in any trade or business in the company or outside company relating to pharmaceuticals business.

Cont...2...

APL/CTGN/HR/217  
Oct 24, 2024

Ms. Sakshi Vishnu Khatawakar  
At Post Chinchala,  
Tq, Wadwani Dist. Beed  
Maharashtra 431131  
Contact No - 9921478422

SUB: Provisional Letter of Offer

Dear Ms. Sakshi

This has reference to your application and the subsequent interview/s you had with us. We are pleased to offer you the position of **Apprentice - Quality Control** on the terms and conditions, as agreed.

You will be joining us on Nov 06, 2024. Please note that, post this date, the said offer shall automatically stand cancelled, unless specifically extended in writing. You will be posted at Chitegaon.

Further, this offer letter is valid subject to:

1. Clearance of pre-employment medical check-up
2. Positive background verifications

You need to submit the following documents (Photocopies) on the day of your joining:

1. Marks Sheets & Certificates (Academic)
2. Date of Birth Proof - School Leaving Certificate / Domicile Certificate
3. Passport Size Photographs - Red Background 6 photos
4. Passport (If Available) and PAN Card & Aadhar Card (Mandatory)
5. Residential proof (Electricity bill / Telephone bill / Ration Card / Passport / Election Card)
6. Bank Passbook Xerox/ Cancel cheque
7. Final Certificate for COVID-19 vaccination

You need to bring the original Marks Sheets / Certificates on the day of your joining for the purpose of verification.

Please note that if at any time, it is found that you have obtained the employment by furnishing false / misleading / insufficient information or withholding the material information or you have manipulated and / or fabricated the certificates / records, your services will be terminated with immediate effect, without any notice or salary in lieu of the notice.

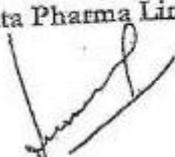
A regular appointment letter with detailed terms and conditions shall be issued to you after your joining.

Please sign the duplicate copy of this letter in token of your acceptance to the terms and conditions, as mentioned above.

We welcome you to our company and wish you a successful career with us.

Thanking you,

Yours sincerely,  
For Ajanta Pharma Limited

  
Mr. Lalit Amru  
Sr. General Manager - Works



**ajanta pharma limited**

Paithan Road,  
Chiltegaon - 431 105  
Chhatrapati Sambhajinagar  
Maharashtra - INDIA

E ctgn@ajantapharma.com  
W www.ajantapharma.com

APL/ CTGN/HR/226

Oct 24, 2024

Dr.Milind Deshpande  
Sumananjali Nursing Home,  
Plot No.-3, N-2, CIDCO  
Airport Road,  
Aurangabad - 431310  
Cell No: 7276891176 /07769042200.

Subject : Pre-employment Medical Checkup.

Kind Attn. : Dr. Deshpande.

Dear Sir,

As per the terms of our contract, please carry out medical check-up of Ms.Sakshi Vishnu Khatawakar includes:

- a. Physical Examination
- b. Distance, near vision and colour vision
- c. Hemoglobin / C.B.C.
- d. Blood Test (Random Blood Sugar)
- e. Blood Pressure
- f. Urine Routine
- g. X-Ray Chest
- h. Lung Function Test
- i. Skin Test

You are requested to send the reports to our factory address.

Thanking you.

Yours faithfully,  
For Ajanta Pharma Limited

Mr.Lalit Amru  
Sr.General Manager-Works

- वाच्यः
- 1) महाराष्ट्र जिल्हा परिषद जिल्हा सेवा (सामान्य प्रशासन) नियम 1967
  - 2) शासन परिषदक, सामान्य प्रशासन विभाग क्र.पस/आस्था/3012/प्र.क्र.1642/1631 दिनांक 13.08.2014
  - 3) शासन निर्णय वित्त विभाग क्रमांक अवि/अ/100/54/26/सामान्य दिनांक 31.10.2015
  - 4) शासन निर्णय, सामान्य प्रशासन विभाग क्रमांक दिव्यांग 2018/प्र.क्र.114/16-अ दिनांक 29.5.2019
  - 5) शासन निर्णय, सामान्य प्रशासन विभाग क्रमांक दिव्यांग 2019/प्र.क्र.141/आस्था-8 दिनांक 22.02.2021
  - 6) शासन निर्णय, सामान्य प्रशासन विभाग, क्रमांक प्रनिम-1222/प्र.क्र.54/का.13 अ दिनांक 04.05.2022
  - 7) शासन निर्णय, ग्राम विकास विभाग, क्रमांक संकीर्ण-2022/प्र.क्र.11/आस्था-8 दिनांक 10.05.2022
  - 8) शासन निर्णय सामान्य प्रशासन विभाग क्रमांक दिव्यांग-2019/प्र.क्र.141/आस्था-8 दिनांक 13.09.2021
  - 9) शासन निर्णय, वित्त विभाग, क्रमांक पदनि-2022/प्र.क्र.2/2022/अ.पू.क. दि.30.09.2022
  - 10) शासन निर्णय सामान्य प्रशासन विभाग क्रमांक संकीर्ण 2022/प्र.क्र.11/आस्था-8 दिनांक 21.10.2022
  - 11) शासन निर्णय वित्त विभाग क्रमांक पदनि-2022/प्र.क्र.20/2022/अ.पू.क. दिनांक 31.10.2022
  - 12) शासन निर्णय सामान्य प्रशासन विभाग क्रमांक संकीर्ण 2022/प्र.क्र.11/आस्था-8 दिनांक 15.11.2022
  - 13) शासन निर्णय सामान्य प्रशासन विभाग क्रमांक प्रनिम-1222/प्र.क्र.136/का.13 अ दिनांक 21.11.2022
  - 14) शासन निर्णय ग्राम विकास विभाग शासन शुद्धीकरण क्र.संकीर्ण 2022/प्र.क्र.11/आस्था-8 दि.25.11.2022
  - 15) शासन निर्णय सामान्य प्रशासन विभाग क्रमांक धीसंसा 2018/अ.क्र.427/16 अ दिनांक 10.5.2023
  - 16) शासन परिषदक सामान्य प्रशासन विभाग क्रमांक संकीर्ण 2022/प्र.क्र.11/आस्था-8 दिनांक 15.05.2023
  - 17) जिल्हा परिषद बोर्ड, पदभरती जाहीसत क्र.17/2023 दिनांक 05.08.2023
  - 18) जिल्हा निवड समिती, बौड बँटक दिनांक 21/06/2024



	<b>जिल्हा परिषद, बीड</b> (आरोग्य विभाग)	
फोन 02442-22374/230185, फॅक्स 222857		ई-मेल आयडी dhebed@gmail.com
क्र. निपती/आस्था/आस्था-8/कावि-584/		दिनांक 21/7/2024

**आदेश**

122 JUL 2024

ज्याअर्थी, संदर्भ क्र. 7 अन्वये भूतपूर्व दुसऱ्या सेवा निवड मंडळाच्या कक्षेतील (महाराष्ट्र लोकसेवा आयोगाच्या कक्षेबाहेरील) गट व (अज्ञातपरीत) गट-क व गट-ड संवर्गातील नामनिर्देशनाच्या कांद्यातील पदे सरळसेवेने भरण्याबाबत मार्गदर्शक सुचना प्राप्त आहेत. संदर्भ क्र. 14 अन्वये जिल्हा परिषद अंतर्गत गट-क मधील सर्व संवर्गातील (वाहन चालक व गट-ड संवर्गातील पदे वगळून) रिक्त पदे ऑनलाईन पद्धतीने परिक्षा घेऊन भरण्याबाबत सुचना प्राप्त होत्या. संदर्भ 17 अन्वये जाहीसत देऊन अर्ज मगवून विविध संवर्गासाठी ऑनलाईन पद्धतीने अधिबीपीएस कंपनीमार्फत परिक्षा घेण्यात आलेल्या आहेत. संदर्भ क्र. 18 अन्वये जिल्हा निवड समिती, बीड कडून रिफरस केलेल्या उमेदवारांना जिल्हा तांत्रिक सेवा (वर्ग-3) मध्ये औपचारिक निर्माण अधिकारी या पदावर वॉलंटरी एमएस -10 (29200-92300) या वेतनसंरचनेने अधिक नियमानुसार अनुज्ञेय महागाई भत्ता व इतर भत्ते मध्ये त्यांच्या नावाचा दर्शविलेला रिक्त पदावर खालील अटी व सर्तांच्या अधिन राहून निवडले जाई. या पदावर कार्यकारी अधिकारी जिल्हा परिषद, बौड कडून अधिकृत या यापरावरून निवडले जाई. जिल्हा निवड समिती, बौड कडून रिफरस केलेल्या उमेदवारांना जिल्हा तांत्रिक सेवा (वर्ग-3) मध्ये औपचारिक निर्माण अधिकारी या पदावर वॉलंटरी एमएस -10 (29200-92300) या वेतनसंरचनेने अधिक नियमानुसार अनुज्ञेय महागाई भत्ता व इतर भत्ते मध्ये त्यांच्या नावाचा दर्शविलेला रिक्त पदावर खालील अटी व सर्तांच्या अधिन राहून निवडले जाई.

अ.क्र.	उमेदवाराचे नाव	पता	नियुक्ती व पदस्थापनेचे ठिकाण	नियुक्तीचा प्रवर्ग
1	श्रीम.शुभा समविलेनम जिजाटी	योगेशी कन्या शाळेच्या मागे रवगाव नागर ग्रामजोगाई ता. शंभानेगाई जि. बीड	प्राथमिक आरोग्य केंद्र पोहनेर ता. परळी (व.) जि. बीड	खुला (असकालीनच्या नांगर)

**अटी व सर्ता**

- 1) उमेदवारांना पदस्थापनेच्या ठिकाणी नियुक्ती आदेशाच्या दिनांकापासून 30 (तीस) दिवसांचे आत हजर व्हावे. उमेदवार भूतपूर्वच्या आत त्यांचे नियुक्तीच्या ठिकाणी हजर न झाल्यास नियुक्तीच्या ठिकाळ रद्द होईल.
- 2) नेमणुकीच्या जागी हजर होण्यास कोणत्याही प्रकारचा प्रयत्न भत्ता अनुज्ञेय राहणार नाही.
- 3) उमेदवारांची नेमणूक ही निवडलेल्या तालुक्याच्या स्थळापासून असून आपणास कोणत्याही घट्टी कारण न दाखविते कामावरून कमी करण्यात येईल. सदर अटीच्या अधिन राहून नेमणूक स्थिकांसाठी असल्यास हामीपत्र रजू हाताने द्यावे.



State Common Entrance Test Cell, Maharashtra State, Mumbai  
 8th floor, New Excelsior Building, A.K. Nayak  
 Marg, Fort, Mumbai-400003 (M.S.)  
**Receipt-cum-Acknowledgement of Institute Reporting for Admission  
 to First Year Of Two/Three Year Full Time Post Graduation Technical  
 Course In Pharmacy (B. Pharmacy/Pharm. D.(Post Baccalaureate))  
 for the year 2024 - 2025**

Application ID : MPH24107714

Mode of Admission : Non Sponsored

Personal Details		Mode of Admission : Non Sponsored	
Full Name	BOCHARE OMKAR SHAMSUNDAR	Gender	Male
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	21-11-2007		
Category/Caste	OPEN		
Religious Minority / Indirect Minority	N/A		
PWD Type	N/A		
Type of Candidature	Maharashtra State Candidate - Type A		
TS State	N/A	Origin State	N/A
Seat Acceptance Fee is filled by online payment of Rs. 1000/-			
Bank Amount (₹)	₹ 1000/-	Payment Status	Successful
Transaction ID		order_P0uTeKsJDPuM	

**Allotment Details**

All India Merit Number : 1428  
 Allotted Choice Code : 52789510  
 Allotted Seat Type : PG-MH  
 Preference No. : 16

**Reporting Details**

Institute	The Shirpur Education Society's R.C.Patel Institute Of Pharmacy, Shirpur	Course	52789510 Regulatory Affairs
Tuition Fees (₹)	20000/-	Admission Date	16-12-2024
Development Fees (₹)	0/-	Admission Type	CAP Round 3
Other Fees (₹)	0/-		
Total Fees (₹)	20000/-		
Remarks	OK		

**Declaration by Candidate** : I hereby agree to conform to rules, orders and laws notified by Government. I hereby undertake that as long as I am student of College/Institute I will remain its member 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 right to expel, suspend me from the institute, for any infringement of the rules prescribed by the college/institute/university/department and the undersigned shall abide.

Date: 16-12-2024

Place

*Bochare*  
 Signature of The Candidate  
 (BOCHARE OMKAR SHAMSUNDAR)



**INSTITUTE USE ONLY**

**Declaration by the College/Institute** : We hereby declare that we are admitting the Candidate to our College / Institute for First Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (B. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025 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 The Shirpur Education Society's R.C.Patel  
 Institute Of Pharmacy, Shirpur  
 Reported On : 16-12-2024 07:34:57 AM  
 Printed On : 16-12-2024 07:34:58 AM  
 Last Modified On : 16-12-2024 07:34:58 AM



*Shirpur*  
 Signature of Institute Officer (5278)  
 Principal  
 R.C.Patel Institute of Pharmacy  
 Shirpur Dist. Dhule (MS)  
 Reported By: 5278  
 Printed By: 5278  
 Last Modified By: 5278

IL-2



State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, ArK. Nayak  
Marg, Fort, Mumbai-400001, (M.S.)

Receipt-cum-Acknowledgement of Institute Level Admission  
as for Admission to First Year Of Two/Three Year Full Time  
Post Graduation Technical Course In Pharmacy (M.  
Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 -  
2025

Application ID : MPH24114387

Personal Details :

Full Name	QUAZI NISHAT FIRDAUS MUHAMMED RAFIQUEJIN		
Nationality	Indian	Date of Birth	17-07-2001
Gender	Female	Annual Family Income (₹)	6,00,001 - 7,00,000
Category-Caste	OPEN	Applied For EWS	No
PH Type	N.A.	Type of Candidature	Maharashtra State Candidate - Type A



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

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_Pa52ND7baR5G
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Institute Details :

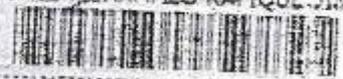
Institute Name	2251 - Shri Bajaji Shikshan Prasarak Mandals, B.Pharmacy College, Ambajogai (Un-Aided - Non-Autonomous - Non-minority)		
Tuition Fees (₹)	7226/-	Course Name	225181710-Pharmaceutics
Development Fees (₹)	9714/-	Admission Date	22-12-2024
Other Fees (₹)	0/-	Admission Type	Against CAP
Total Fees (₹)	17000/-	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: 03-01-2025

Place :

*Nishat*  
Signature of Candidate  
(QUAZI NISHAT FIRDAUS MUHAMMED RAFIQUEJIN)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for 1st Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024-2025 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 Shri Bajaji Shikshan Prasarak Mandals  
B.Pharmacy College, Ambajogai

Signature of Institute Officer  
(2251)

Reported On: 22-12-2024 04:13:59 AM

Printed On : 03-01-2025 04:50:08 AM

Last Modified On : 22-12-2024 04:13:59 AM



Principal

B.Pharmacy College  
Ambajogai

Reported By: 2251

Printed By: 2251

Last Modified By: 2251



**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 Level Admission as for Admission to First Year**  
**Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M.**  
**Pharmacy/Pharm. D. (Post Baccalaureate)) for the year 2024 - 2025**

Application ID : MPH24108950

**Personal Details :**

<b>Full Name</b>	SHAIKH AMAN SHAIKH SHAHED		
<b>Nationality</b>	Indian	<b>Date of Birth</b>	14-03-2002
<b>Gender</b>	Male	<b>Annual Family Income (₹)</b>	50,001 - 1,00,000
<b>Category-Caste</b>	OBC		
<b>Applied For EWS</b>	No		
<b>PH Type</b>	N.A.		
<b>Type of Candidature</b>	Maharashtra State Candidate - Type A		



**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_faZhpLeb2JzK
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**Institute Details :**

<b>Institute Name</b>	2543 - Aditya Pharmacy College, Beed (Un-Aided - Non-Autonomous - Non-minority)		<b>Course Name</b>	254381710-Pharmaceutics
<b>Tuition Fees (₹)</b>	0/-	<b>Admission Date</b>	23-12-2024	
<b>Development Fees (₹)</b>	0/-	<b>Admission Type</b>	Against CAP	
<b>Other Fees (₹)</b>	0/-	<b>Remark</b>	OK	
<b>Total Fees (₹)</b>	0/-			

**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:** 13-01-2025

**Place :**

*(Signature)*  
 Signature of Candidate  
 (SHAIKH AMAN SHAIKH SHAHED)



**Declaration by the College/Institute :** We hereby declare that, we are admitting this Candidate in our College / Institute for First Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024-2025. We also declare that the admission of Candidate is confirmed in presence of the Candidate. The candidate has paid the Fees mentioned in this receipt. We also declare that the Candidate's Identity is confirmed.

Seal of Aditya Pharmacy College, Beed

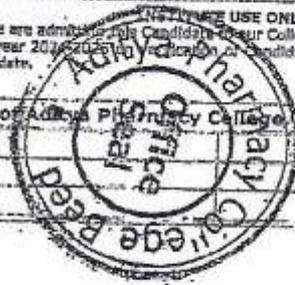
Signature of Institute Officer, (2543)

**Reported On:** 23-12-2024 09:56:54 AM

**Printed On :** 13-01-2025 07:44:59 AM

**Last Modified On :** 23-12-2024 09:56:54 AM

Aditya Pharmacy College  
 Beed  
 Reported By: 2543  
 Last Modified By: 2543





GOVERNMENT OF MAHARASHTRA

State Common Entrance Test Cell, Maharashtra State, Mumbai  
8th Floor, New Excelsior Building, A.K. Nayak  
Marg, Fort, Mumbai-400001.(M.S.)

Seat Acceptance Status Form for Admission to First Year Of Two/Three  
Year Full Time Post Graduation Technical Course In Pharmacy (M.  
Pharmacy/Pharm. D.(Post Baccaalaureate)) for the year 2024 - 2025



Application ID : MPH24106191

Version No : 1

Personal Details

Full Name | GAWADE PRATIKSHA BHIMRAV

Gender | Female

Date of Birth | 25-11-2002

Type of Candidature | Maharashtra State  
Candidate - Type A

Category | SC -Buddhist

Admission Category | SC - Buddhist

Linguistic Minority | N.A

Religious Minority | N.A

Person with Disability | N.A.

EWS | N.A.

Orphan | N.A.

Qualifying Exam | SSC

SSC Aggregate | 88.80 %

Qualifying Exam | HSC

HSC Aggregate | 65.08 %

Qualifying Exam | Bpharmacy (Passed)

Bpharmacy Aggregate | 73.70%

GPAT Examination Details

GPAT Roll No | 2412416083

GPAT Percentile | 35.63966

Merit Status

All India Merit No | 6955

Provisional Allotment Details for CAP Round - II

Institute Allotted | 2591-DNYANSADHANA COLLEGE OF PHARMACY, DHARMAPURI PATI, PARBHANI  
Course Allotted | Pharmaceutical Quality Assurance

Choice Code Allotted | 259157510

Seat Type Allotted | GSC

Pref No Allotted | 43

Seat Acceptance Details

Seat Acceptance Status: Freeze

Confirmed

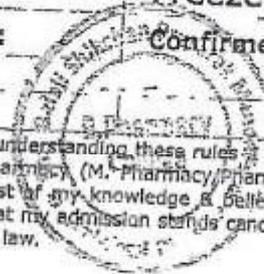
Seat Acceptance Confirmation Details:

Seat Acceptance Payment Details

Payment Status | Successful

Paid Amount | ₹ 1000/-

Declaration : I have read all the rules of admission and on understanding these rules I have filled this Seat Acceptance form for First Year Of Two/  
Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccaalaureate)) for the year 2024 - 2025.The  
Information given by me in this application is true to the best of my knowledge & belief. If at later stage, it is found that I have furnished wrong  
Information and/or submitted false certificate(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be  
subject to legal and/or penal action as per the provisions of the law.



Date: 02-12-2024

Place :

Signature of Candidate

(GAWADE PRATIKSHA BHIMRAV)



Confirmed On: 23-10-2024 01:58:40 PM

Printed On : 02-12-2024 05:56:06 AM

Last Modified On : 23-10-2024 01:58:40 PM

Confirmed By: MPH24106191

Printed By: MPH24106191

Last Modified By:



State Common Entrance Test Cell, Maharashtra State, Mumbai  
 8th Floor, New Excelior Building, A.K. Nayak Marg, Fort, Mumbai-400001.  
 (M.S.)

Receipt-cum-Acknowledgment of Institute Reporting for Admission to  
 First Year Of Two/Three Year Full Time Post Graduation Technical Course  
 In Pharmacy (M. Pharmacy/Pharm. D. (Post Baccalaureate)) for the year  
 2024 - 2025

Application ID : MPHE4105290



Personal Details		Mode of Admission : Non Sponsored	
Full Name	BRAME RUTUJA SOPAN	Gender	Female
Nationality	Indian	Annual Family Income (₹)	15,000 - 50,000
Date of Birth	27-09-2002	Orphan Status	N.A.
Category-Obst	NET 2 (NT-C)	Transaction Id	order_PkdmPRGhrzTD
Religious Minority/Anglo-Indian Minority	N.A.		
PwD Type	N.A.		
Type of Candidate	Maharashtra State Candidate - Type A		
EWS-Scba	N.A.		

Seat Acceptance Fee is filled by online payment of Rs. 1009/-  
 Paid Amount (₹) : 1009/- Payment Status : Successful

Attachment Details

All India Merit Number	3095
Allotted Centre Code	2275BT710
Allotted Seat Type	CNTR
Preference No.	1

Reporting Details

INSTITUTE	Course
Gurukrupa Sevakshilpa Sanstha Gurukrupa Institute of Pharmacy (B.Pharm), Majalgaon, Beed	2575B1710-Pharmaceutics
Tuition Fees (₹)	0/-
Development Fees (₹)	0/-
Other Fees (₹)	0/-
Total Fees (₹)	0/-
Reason	0/-

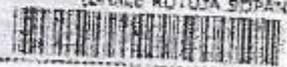
Admission Date : 16-12-2024  
 Admission Type : CAP Round 1

Declaration by Candidate : I hereby agree to conform to rules, acts and laws entered by Government. I hereby undertake that as long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to report, suspend or remove the candidate for any violation of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 15-12-2024

Place :

Signature of the Candidate  
 (BRAME RUTUJA SOPAN)



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/Three Year Full Time Post Graduation Technical Course in Pharmacy (M. Pharmacy/Pharm. D. (Post Baccalaureate)) for the year 2024 - 2025 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 Gurukrupa Sevakshilpa Sanstha Gurukrupa Institute of Pharmacy (B.Pharm), Majalgaon, Beed



Signature of Institute Officer (2575)

Reported By: 2575

Printed By: 2575

Last Modified By: 2575

Reported On: 16-12-2024 05:50:15 AM

Printed On: 16-12-2024 05:50:30 AM

Last Modified On: 15-12-2024 06:50:15 AM



PRINCIPAL  
 Gurukrupa Institute of Pharmacy

State Common Entrance Test Cell, Maharashtra State, Mumbai  
 8th Floor, New E-Collector Building, A.K. Nayak Marg, Fort, Mumbai-400001, (M.S.)  
 Receipt-cum/Acknowledgement of Institute Reporting for Admission to First Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025

Application ID : MPH24105954

Personal Details		Mode of Admission (Open/Spot/Entrance)
Full Name	KALE PRITI MARUTI	
Nationality	Indian	
Date of Birth	04-11-2000	Gender
Category-Caste	SC	Annual Family Income (₹)
Religious Minority/Dispalace Minority	N.A	15,001 - 50,000
PWD Type	N.A	
Type of Candidature	Maharashtra State Candidate - Type A	
Res Status	N.A	

Seat Acceptance Fee is filled by online payment of Rs. 1000/-	Orphan Status	N.A.
Paid Amount (₹)	1000/-	
Payment Status	Successful	
Transaction Id	order_87864_20240116	

All India Merit Number 6033  
 Allotted Choice Code 257562110  
 Allotted Seat Type Gen  
 Preference No. 3

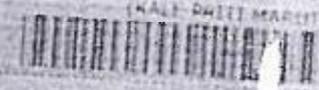
Reporting Details		Admission Date	16-12-2024
Institute	Gurukrupa Sevabhavi Sansthas Gurukrupa Institute of Pharmacy (B.Pharm), Majalgaon, Beed.	Admission Type	CAP Round 3
Tuition Fees (₹)	0/-	Course	257562110-Pharmacology
Development Fees (₹)	0/-		
Other Fees (₹)	0/-		
Total Fees (₹)	0/-		
Remark	ok		

Declaration by Candidate: I hereby declare to conform to rules, acts and laws notified by Government. I hereby undertake that so long as I am student of Government Institute, I will not be involved in a matter which may result in questioning the authority to open Government Institute. I fully understand that the Principal/ Director of the Institute/ College has the authority to enroll candidate who fulfil the structure, fee and other requirements of the rules prescribed by the college/institute/university/Board and the Government.

Date: 16-12-2024

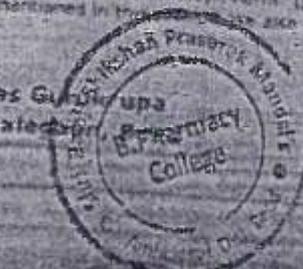
Place

*P. M. Kale*  
 Signature of the Candidate  
 (KALE PRITI MARUTI)



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/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025 on the basis of Candidate's Admittance. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed by the Institute of the Candidate.

Seal of Gurukrupa Sevabhavi Sansthas Gurukrupa Institute of Pharmacy (B.Pharm), Majalgaon, Beed.



Signature of Institute Officer (2575)

Reported On: 16-12-2024 07:14:13 AM  
 Printed On: 16-12-2024 07:14:13 AM  
 Last Modified By: 2575



PRINCIPAL  
 Gurukrupa Institute of Pharmacy

1/25/25, 10:30 AM

GO BACK TO HOME

(https://mpharm2024.mahacet.org.in/cet2024/mpharm switchtype=admin) NPHARM



State Entrance-Entrance Test Cell, Maharashtra State Council of Technical Education, New Knowledge Building, A.K. Nayak Marg, Park, Mumbai-400091, (MH) Maharashtra State Council of Technical Education Reporting for Admission to First Year Of Two/Three Year Full Time Post Graduate Technical Course in Pharmacy (B. Pharmacy/Pharm. D./Post Baccalaureate) for the year 2024-2025

Application No: 1905240202

Name of Applicant: NIKHIL SHAMRAO

Personal Details

Full Name: NIKHIL SHAMRAO SHAMRAO

Nationality: Indian

Gender: Female

Date of Birth: 07-03-2002

Annual Family Income (₹): INR 10,00,000

Category/Class: OPEN

Religious Minority/Institution Minority: N/A

PWD Type: N/A

Type of Constitution: Maharashtra State Constitution Type A

EWSC Status: N/A

Orphan Status: N/A

Exam Acceptance Fee (filled by candidate) (₹): 1000/-

Payment No: 1000/-

Payment Status: Successful

Transaction ID: 1905240202

Order No: 1905240202

Allotment Details

All India Rank Number: 5270

Allotted Choice Code: 057401010

Allotted Seat Type: General

Preference No: 1

Reporting Details

Institute: Durgamata Institute of Pharmacy, Durgam Chawl, Parbhani

Tuition Fee (₹): 0/-

Development Fee (₹): 0/-

Other Fee (₹): 0/-

Total Fee (₹): 0/-

Remark: admitted by admit as per cut list for dated 27-03-2025

Course: 25120101-Pharm. D. (2024)

Admission Date: 16-12-2024

Admission Type: CAP Round-3

Both the Candidate and the Institute are bound by the conditions and regulations of the Council of Technical Education, Maharashtra. The Council of Technical Education, Maharashtra reserves the right to cancel the admission of any candidate who does not comply with the conditions and regulations of the Council of Technical Education, Maharashtra. The Council of Technical Education, Maharashtra reserves the right to cancel the admission of any candidate who does not comply with the conditions and regulations of the Council of Technical Education, Maharashtra.

Date: 27-03-2025

Other:



Both the Candidate and the Institute are bound by the conditions and regulations of the Council of Technical Education, Maharashtra. The Council of Technical Education, Maharashtra reserves the right to cancel the admission of any candidate who does not comply with the conditions and regulations of the Council of Technical Education, Maharashtra. The Council of Technical Education, Maharashtra reserves the right to cancel the admission of any candidate who does not comply with the conditions and regulations of the Council of Technical Education, Maharashtra.

Seal of Durgamata Institute of Pharmacy, Durgam Chawl, Parbhani

https://mpharm2024.mahacet.org.in/cet2024/mpharm24/index.php/institution/1905240202



Signature of Institute Officer (SO) and Principal, Durgamata Institute of Pharmacy, Durgam Chawl, Parbhani



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/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025

Application ID : MPH24102731

Mode of Admission : Non Sponsored

Personal Details

Full Name	RATHOD RENUKA SAHEBRAO		
Nationality	Indian		
Date of Birth	13-06-1999	Gender	Female
Category-Caste	DT/VJ NT(A)	Annual Family Income (₹)	15,001 - 50,000
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_PC0Qe7DDwZrgN
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All India Merit Number	8183
Allotted Choice Code	257881710
Allotted Seat Type	GNTA
Preference No.	12

Reporting Details

Institute	Godavari Institute of Pharmacy, Kolpa		
Tution Fees (₹)	0/-	Course	257881710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	23-10-2024
Other Fees (₹)	0/-	Admission Type	CAP Round 2
Total Fees (₹)	0/-	Remark	Admission Confirmed

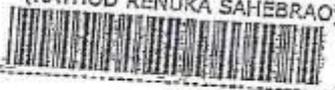
Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand 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: 23-10-2024

Place :



Signature of The Candidate  
(RATHOD RENUKA SAHEBRAO)



INSTITUTE-USE ONLY

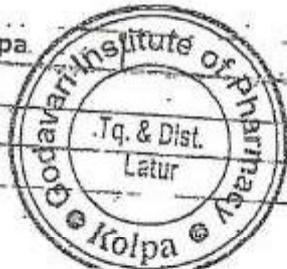
Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025 on verification of Candidate's 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 Godavari Institute of Pharmacy, Kolpa

Reported On : 23-10-2024 08:12:48 AM

Printed On : 23-10-2024 08:12:50 AM

Last Modified On : 23-10-2024 08:12:48 AM



Signature of Institute Officer (2578)

Reported By: 2578

Printed By: 2578

Last Modified By: 2578



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/Three Year Full Time Post Graduation Technical  
Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate))  
for the year 2024 - 2025

Application ID : MPH24102937

Mode of Admission : Non Sponsored

Personal Details

Full Name	OPLE SHIVANI SHIVRUDRA		
Nationality	Indian	Gender	Female
Date of Birth	15-02-2001	Annual Family Income (₹)	15,001 - 50,000
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\_PCOM:w4onyNo

Allotment Details

All India Merit Number	5450
Allotted Choice Code	257881710
Allotted Seat Type	GOBC
Preference No.	12

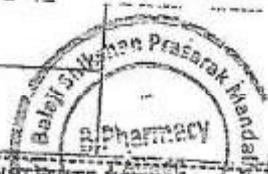
Reporting Details

Institute	Godavari Institute of Pharmacy, Kolpa		
Tuition Fees (₹)	0/-	Course	257881710-Pharmaceutics
Development Fees (₹)	0/-	Admission Date	23-10-2024
Other Fees (₹)	0/-	Admission Type	CAP Round 2
Total Fees (₹)	0/-		
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:23-10-2024

Place :



Signature of The Candidate  
(OPLE SHIVANI SHIVRUDRA)



Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025 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 Godavari Institute of Pharmacy  
Reported On:23-10-2024 08:15:05 AM  
Printed On :23-10-2024 08:15:08 AM  
Last Modified On :23-10-2024 08:15:05 AM



Signature of Institute Officer (2578)  
Principal  
Godavari Institute of Pharmacy  
Kolpa, Tq. & Dist. Latur  
Reported : y:2578  
Printed : y:2578  
Last Modified E:y:2578



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/Three Year Full Time Post Graduation Technical  
Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate))  
for the year 2024 - 2025

Application ID : MPH24100524

Mode of Admission : Non Sponsored

Personal Details

Full Name	MANE SAINATH GOVIND		
Nationality	Indian	Gender	Male
Date of Birth	07-10-2000	Annual Family Income (₹)	15,001 - 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_P7y3brbQsA40Z
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Allotment Details

All India Merit Number	423
Allotted Choice Code	419957510
Allotted Seat Type	GOPEN
Preference No.	4

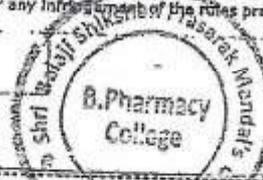
Reporting Details

Institute	S.Patil Shikshan Sansthas Smt. Kishorital Bhojar College of Pharmacy, Kamptee		
Tuition Fees (₹)	69783/-	Course	419957510-Pharmaceutical Quality Assurance
Development Fees (₹)	20217/-	Admission Date	14-12-2024
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	90000/-		
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 infraction of the rules prescribed by the college/Institute/university/Government and the undertaking given above.

Date: 14-12-2024

Place: Kamptee



Signature of The Candidate  
(MANE SAINATH GOVIND)



INSTITUTE USE ONLY

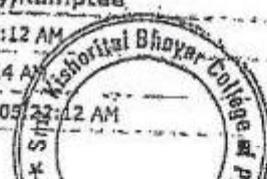
Declaration by the College/Institute : We hereby declare that, we are admitting this candidate to our College / Institute for First Year Of Two/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025 on verification of Candidate's 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 Sansthas Smt. Kishorital  
Bhojar College of Pharmacy, Kamptee

Reported On: 14-12-2024 05:22:12 AM

Printed On: 14-12-2024 05:22:14 AM

Last Modified On: 14-12-2024 05:22:12 AM



Signature of Institute Officer (4199)

PRINCIPAL

Reported By: 4199

Smt. Kishorital Bhojar College of Pharmacy

Behind Railway Station, New Kamptee

Nagpur, Maharashtra-441002



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/Three Year Full Time Post Graduation Technical  
Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate))  
for the year 2024 - 2025

Application ID : MPH24107987

Mode of Admission : Non Sponsored

Personal Details

Full Name	GORE PRATIK PARMESHWAR	
Nationality	Indian	Gender Male
Date of Birth	12-07-1995	Annual Family Income (₹) 1,00,001 - 1,50,000
Category-Caste	OPEN	
Religious Minority/Linguistic Minority	N.A.	
PWD Type	N.A.	
Type of Candidature	Maharashtra State Candidate - Type A	
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_PX1Kg4qJMoevd7
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Allotment Details

All India Merit Number	1713
Allotted Choice Code	527882110
Allotted Seat Type	MI-MH
Preference No.	7

Reporting Details

Institute	The Shirpur Education Societys R.C.Patel Institute Of Pharmacy, Shirpur	
Tuition Fees (₹)	60000/-	Course 527882110-Pharmacology
Development Fees (₹)	0/-	Admission Date 14-12-2024
Other Fees (₹)	0/-	Admission Type CAP Round 3
Total Fees (₹)	60000/-	
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 Principle/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:14-12-2024

Place: Shirpur



*Pratik Gore*  
Signature of The Candidate  
(GORE PRATIK PARMESHWAR)



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/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024 - 2025 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 The Shirpur Education Societys R.C.Patel  
Institute Of Pharmacy, Shirpur

Reported On:14-12-2024 10:21:42 AM

Printed On :14-12-2024 10:21:44 AM

Last Modified On :14-12-2024 10:21:42 AM

*Pratik Gore*  
Signature of Institute Officer (5278)

Principal

R.C. Patel Institute of Pharmacy  
Shirpur Dist.Dhule(MS)

Reported By:5278

Printed By:5278

Last Modified By:5278





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/Three Year Full Time Post Graduation  
Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post  
Baccalaureate)) for the year 2024 - 2025

Application ID: MPH24184450

Personal Details :

Full Name	RAUT PRAJWAL SANTOSH		
Nationality	Indian	Date of Birth	09-11-2002
Gender	Male	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OBC		
Applied For EWS	No		
PH Type	N.A.		



Type of Candidature Maharashtra State Candidate - Type A

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

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_PZjUp5buhE
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Institute Details :

Institute Name	5186 - R. C. Patel Institute of Pharmaceutical Education and Research, Shirpur (Un-Aided - Autonomous - Linguistic Minority - Gujarathi)		
Tuition Fees (₹)	0/-	Course Name	5186E1710-Pharmaceutics
Development Fees (₹)	1000/-	Admission Date	22-12-2024
Other Fees (₹)	0/-	Admission Type	Institute Level Seat
Total Fees (₹)	1000/-	Remark	Ok 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 a student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me, I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 23-12-2024

Place : Shirpur

Signature of Candidate  
(RAUT PRAJWAL SANTOSH)



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/Three Year Full Time Post Graduation Technical Course In Pharmacy (M. Pharmacy/Pharm. D.(Post Baccalaureate)) for the year 2024-2025 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 R. C. Patel Institute of Pharmaceutical Education and Research, Shirpur

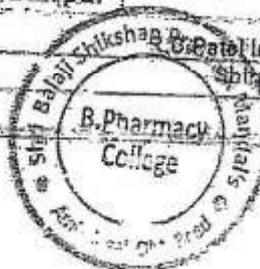
Signature of Institute Officer (5186)

REGISTRAR

Reported On : 23-12-2024 07:57:13 AM

Printed On : 23-12-2024 07:57:16 AM

Last Modified On : 23-12-2024 07:57:16 AM



Reported By: 5186

Printed By: 5186

Last Modified By: 5186

**Receipt-Cum-Acknowledgement of Confirmation of Admission to First Year of Post Graduate Technical Courses in Engineering and Technology for the Academic Year 2024-25**

Application ID : ME24602267      Receipt No : 2021003

**Personal Details**

Candidate Name	CHAVAN SHRADHA RAHUL	Date Of Birth	15/11/2001
Gender	Female	Person with Disability	Not Applicable
Candidature Type	Maharashtra - Type A	Category for Admission	Open
Category	Open	Applied for Orphan	No
Applied for EWS	No	Religious Minority	Not Applicable
Linguistic Minority	Not Applicable		

**Admission Details**

Seat No	422	Merit Marks	166
Institute Name	02021 - University Department of Chemical Technology, Aurangabad		
Course Name	Drugs & Pharmaceuticals		
Choice Code	0202159810	Seat Type	PWD/OPENS
Preference No.	1	Date of Admission	25/08/2024

**Fee Details**

Sr. No.	Payment Mode	Fee Amount (₹)	DD/Cheque Number	Payment Date	Bank Name	Branch Name
1.	Online	12,500/-		25/08/2024		

**List of Documents Submitted at Institute**

Sr. No.	Document Name
1.	Certificate of Indian Nationality in the Name of the Candidate.
2.	Domestic Certificate of the Candidate showing his / her domicile state is Maharashtra.
3.	Statement of Marks or Certificate of Passing SSC / Equivalent Examination.
4.	Statement of Marks or Certificate of Passing HSC / Equivalent Examination / Passing Maharashtra Certificate of 3 years Diploma in Engineering and Technology.
5.	Graduation Mark sheet from recognized University.
6.	Valid Score Card of GATE / GRAT.

Comments : Ok

**Undertaking By Candidate**

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

Place: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Candidate  
 (CHAVAN SHRADHA RAHUL)

Printed On : 25/08/2024 3:25:54 PM

**Declaration by the College / Institute**

We hereby declare that, we are admitting this Candidate to our Institution for the Academic Year 2024-25 on verification of Candidate's Identity and all the required documents mentioned. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Printed By : 02021  
 Reported By : 02021  
 Reported On : 25/08/2024 3:25:48 PM



  
 Name, Designation and Signature of the Issuing Officer  
**Professor & Head**  
 Department of Chemical Technology  
 Dr. Babasaheb Ambedkar Maharashtra University,  
 Chhatrapati Sambhaji Nagar