M.A.RANGOONWALA COLLEGE OF PHYSIOTHERAPY AND RESEARCH

2390-B, K.B. Hidayatullah Road, Azam Campus, Camp, PUNE – 411 001

TELEPHONE NO. (020)/26437871 E-mail:marcopar2004@yahoo.co.in Website;WWW,MARCOPAR.COM

| accord serves co | ADMISSIO | N FORM - ACADEMIC YEA | R 2024-25 | | |
|--|--|------------------------------------|---|--|--|
| | date's Full Name date's Residential Addre | | | | |
| Candidate's Mobile No. NEET UG 2024 Roll No. NEET MARKS HSC Marks CATEGORY | | (Self)/N | (Self) (Father) (Mother) CET CELL APPLICATION NO. / NEET Percentile TOTAL / (PCB) / English) / SPL CATEGORY | | |
| | | | | | |
| (Arrar | ige a set of onginal cert : | ficates and three Xerox sets in th | e given serial order f | or verification and submission) | |
| DETA | ILS OF ORIGINAL DO | CUMENTS SUBMITTED AT THE | TIME OF ADMISSI | ON: | |
| 1 STATE CET CELL 202 2 Admit Card of NEET U 3 NEET-UG 2024 Score | | 24 Online Application UG 2024 | | Submitted original Documents as per Details given alongside. | |
| 4 | Selection Letter | | Hard | | |
| 6 | Nationality Certificate Domicile Certificate HSC Mark Sheet | Valid Indian Passport | Note: Pendaire | Signature Name: Date | |
| 8 | SSC Mark Sheet | | gall | Date | |
| 9 | SSC Passing Certification | | | | |
| 10 | The state of the s | | ortgine | | |
| 11 | 12th Leaving Certificat Medical Fitness Certifi | | 1. () ^ | | |
| Annual reserve | 13 Minority Certificate | | Locument | | |
| 14 | Copy of Aadhar Card | | Scanned | | |
| 15 | Photographs Passpor | | Should | | |
| | IF APPLICABLE | | I also be | | |
| 1 | Caste Certificate | | brought | | |
| 2 | Caste Validity Certific | ate | | | |
| 3 | | ertificate valid up to 31/03/2024 | / m PDF | | |
| 4 | Migration Certificate | comments that ap to concern | 1-formal | | |
| 5 | Gap Certificate | | | 1 | |
| 6 | EWS Certificate issue | ed for 2024-25 | | | |
| 7 | Person with Disability | Certificate (PWD) | / | 1 | |
| 8 | SPECIAL RESERVA | | / | | |
| Unde | rtaking for non-submi | ission of original document/s | | | |
| | | | | | |
| RETENTION STATUS : FEES DETAILS : | | Description 1 | Date of Retentio | n : For Rs | |
| Signature of Student Name: | | Dr. Mrs.Ronika Agra | aval. | Signature of Clerk Name: Mrs. Najma Multa | |

PRINCIPAL

M.A.RANGOONWALA COLLEGE OF PHYSIOTHERAPY AND RESEARCH