



Application No.

Date :

For Office use only

Academic Year	
ADMN.NO.	
ALLOTMENT	
CATEGORY	
ROLL No.	

SAROJINI NAIDU VANITA PHARMACY MAHA VIDYALAYA

(Sponsored by the Exhibition Society) Tarnaka, Secunderabad.

Affiliated to Osmania University, Approved by Pharmacy Council of India

ISO : 21001:2018 Certified Institution - NBA Accredited B.Pharmacy Course

H.No. 12-5-31 & 32, Vijayapuri Colony, Tarnaka, Secunderabad - 500 017. Telangana, INDIA.

Phone : 040-2700 2221, Mobile : 9248077972

E-mail: snvpmv_2006@rediffmail.com

Website: www.snvpharmacycollege.com

Application Form for Admission to M. Pharm Course

- | | | |
|-------------------------|------------------------------|-----------------------------------|
| 1. Pharmaceutics | 2. Pharm Analysis | 3. Pharm Quality Assurance |
| 4. Pharmacology | 5. Regulatory Affairs | 6. Pharm.D (P.B.) |

(Online Application : Download from Website, Print & e-mail the filled-in application with relevant documents to college e-mail)

- The required details must be carefully filled in the candidate's own hand writing in English.
- Items and words not applicable must be struck off.
- The University and the college reserves the right to cancel the admission of any candidate if and when it is detected that the admission is against the rules in force.

Affix your latest photograph Attested by Gazetted Officer
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- Name of the applicant in full (in BLOCK LETTERS)
- Father's / Guardian's Name and Qualification
- Mother's Name & Qualification
- a) Permanent Address
- b) Present residential address
- c) Aadhaar No. of Student
- Profession of Father/Guardian/Mother and address
- Annual Income of Father/Guardian/Mother (Attach income certificate from a Revenue official not below the rank of Tahsildar.)
- Date of birth as given in the SSC or any other equivalent document & age as on date
- Are you a local or non-local candidate?
(With the definition of the Presidential Order)
- Tick the Category to which you belong
- Tick the relevant box if applicable and submit the supporting certificates. ()

Date	Month	Year	Age
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

BC - Sub-Caste

Caste	SC	ST	BC - ABCD	OC	EBC
Sub-Caste					

- Ex-Service Men / Armed Personal
- Physically Handicapped
- NCC
- Sports

11. Identification Marks :

(a)

(b)

12. Details of examinations passed from matriculation onwards:

Name of the Examination and Group	Name and Place of the institution in which studied	Hall Ticket No.	Month and Year of Passing	Max. Marks	Secured Marks	Division / Grade
S.S.C.						
Intermediate Group - M.P.C., / Bi.P.C.						
B.Pharm 1-Year						
II-Year						
III-Year						
IV-Year						
Overall						

Details of TGPGE CET / GATE :

Hall Ticket No.

Year of Appearing

13. Place of birth :

Village, Town, Dist. and State

14. Religion :

15. Nationality :

16. Mother Tongue :

17. Blood Group :

18. Marital Status :

Married / Unmarried

19. Extra-Curricular Activities you are interested in

20. State whether you are staying with your Father, guardian or in hostel (if the last give details):

DECLARATION

1. I agree to abide by the rules of the College / University are in force on the date.
2. I agree to abide by such rules of the College / University as made hereafter in connection with my studies and behaviour.
3. I promise to put in attendance for theory and practicals separately, in each subject, wherever applicable.
4. I shall answer all examinations to be held in the College as per rules.
5. I agree to clear all the dues due to breakages of apparatus or equipment or any other material issued to me in the laboratory at the end of each year.
6. I agree to strictly abide by the rules of the College Library in regard to return of books within the period stipulated, I shall be fully responsible for any damage or loss of books issued to me I also agree to clear off any dues payable to the College Library by the end of each academic year.
7. I promise to keep practical records up to date.
8. I promise to cultivate exemplary manners in my daily conduct and behaviour.
9. In any stage, for any reason, the College / University considers that my continuation is not in the interest of the institution, my admission may be cancelled.

Date :

Place :

Signature of the Candidate

(N.B.- To be signed by the Father / Guardian)

I agree to the applicant's admission in your college. I shall hold myself responsible for the payment of all her fees and also her good conduct and behaviour during the period of her study in your college.

Date:

Signature of Father / Guardian / Mother

Name (Sri / Smt. in Capital Letters)

(N.B.- To be signed by the Office)

Checked the following certificates and found them satisfactory.

The following Certificates marked 'X' have not been submitted / or have been found unsatisfactory. Subject to their production by the candidate in proper form, she may be provisionally admitted.

1. Allotment Orders & Joining Report
2. S.S.C. original or provisional certificate of the qualifying examination.
3. Intermediate original or provisional certificate of the qualifying examination.
4. D. Pharm original or provisional certificate of the qualifying examination.
5. B. Pharm original or provisional certificate of the qualifying examination.
6. Memorandum of marks obtained at the qualifying examination.
7. EAPCET / ECET / TGPGECECET Rank Card
8. Transfer Certificate
9. Migration Certificate (only the students taking admission from other University)
10. Bonafide SSC (I to X) / Intermediate (I and II) / D. Pharmacy
11. Annual Income Certificate of the Parent / Guardian
12. Caste Certificate
13. Equivalence Certificate for other State
 - S.S.C. Marks
 - Intermediate Marks
 - D.Pharm / B.Pharm Marks

The applicant may be admitted.

Date:

Clerk:

G.M. (Admin.)

PRINCIPAL