Application No.

Date:

UGC

(Autonomus)

For Office use only

ADMN.NO. Academic Year

ROLL No. CATEGORY

ALLOTMENT

## SAROJINI NAIDU VANITA PHARMACY MAHA VID YALAYA

(Sponsored by the Exhibition Society) Tarnaka, Secunderabad.

(Co-Ed.)

(Affiliated to Osmania University, Approved by Pharmacy Council of India)
ISO: 9001:2015 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

Application Form for Admission to B. Pharmacy / Pharm D. Course

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Last Date for Submission			
The required details must be carefully filled in the candidate's own hand writing in English.	andidate's	Affix your latest	-
Items and words not applicable must be struck off.  The University and the college reserves the right to cancel the admission of any condidate if and when it is detected that the	cancel the	photograph Attested by Gazetted Officer	
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	Date Month	h Year Age	O
Are you a local or non-local candidate?			
(With the definition of the Presidential Order)	E	BC - Sub-Caste	
Tick the Category to which you belong	Caste SC	ST BC-ABCD OC E	EBC
Tick the relevant box if applicable and submit the supporting certificates. (	Sub-Caste		
Ex-Service Men / Armed Personal			- 1
Physically Handicapped			
NCC			

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Sports

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Signature of the Candidate	nature of the	Sigr				Place:
						Date:
			adio aloa iiiy	cancelled.	of the institution, my admission may be cancelled.	
not in the interest		continuat	iders that my	e / I hiversity cons	I promise to cultivate examplary manners in my daily considers that my continuation is	8. I promise to cultiv
				o date.	profilise to keep practical records up to date	
		, ,		adoto	prosting records up t	
gree to clear	me I also aç	ssued to r	ss of books is	r any damage or lo	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 I ibrary by the end of each academic year	stipulated, I shall I
n the period	books within	return of I	in regard to	he College Library	agree to strictly abide by the rules of the College Library in regard to return of books within the period	<ol><li>I agree to strictly a</li></ol>
				year.	me in the laboratory at the end of each year.	
material issued to		or any o	or equipmen	kades of annaratile	some to clear all the dues due to breakages of apparatus or equipment or any other	
applicable.	ot, wherever	icii subjec	s per rules.	Id in the College a	shall answer all examinations to be held in the College as per rules.	I promise to put in     Shall answer all 6
					-	
n mv studies	nection with	the date. ter in con	e in force on t	ege / University are	I agree to abide by the rules of the College / University are in force on the date. I agree to abide by such rules of the College / University as made hereafter in connection with my studies	<ol> <li>I agree to abide by</li> </ol>
		,		DECLARATION		
				ails):	guardian or in hostel (if the last give details):	guardian or in hos
				Father,	State whether you are staying with your Father,	20. State whether you
				sted in	Extra-Curricular Activities you are interested in	19. Extra-Curricular A
		narried	Married / Unmarried	7		18. Marital Status :
						17. Blood Group :
						16. Mother Tongue:
						15. Nationality :
						14. Religion :
					. and State	Village, Town, Dist.
						13. Place of birth :
					Year of Appearing	
		0	Hall Ticket No.		CET : Rank :	Details of EAPCET / ECET : Rank :
						Intermediate Group - M.P.C., / Bi.P.C.
						S.S.C. ()
Division / Grade	Secured Marks	Max. Marks	Month and Year of Passing	Hall Ticket No.	Name and Place of the institution in which studied	Name of the Examination and Group
		armacy	ards to B. Pha	matriculation onwa	(b)  Details of examinations passed from matriculation onwards to B. Pharmacy	(b) 12. Details of exam

(a)

Identification Marks:

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

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

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.

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

- 1. Allotment Orders & Joining Report
- N original or provisional certificate of the qualifying examination.
- ·co Intermediate original or provisional certificate of the qualifying examination.
- 4 D. Pharm original or provisional certificate of the qualifying examination.
- S B. Pharm original or provisional certificate of the qualifying examination.
- 0 Memorandum of marks obtained at the qualifying examination.
- 7. EAPCET / ECET / TGPGECET 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
- 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

