

St. ANN'S COLLEGE OF PHARMACY
NAYUNIPALLI (V), VETAPALEM (M), CHIRALA- 523187, PRAKASAM DISTRICT, AP
(Approved by AICTE New Delhi, Accredited by PCI)

APPLICATION FOR ADMISSION INTO FIRST YEAR B.PHARM. COURSE UNDER CATEGORY 'B'-SEATS
(MANAGEMENT QUOTA) FOR THE ACADEMIC YEAR 2017 - 2018

CANDIDATE'S DETAILS

Received on _____ at _____

1. Name of the Candidate :
(in capital letters, as per SSC)

2. Email Address :

Cell No. : _____ Residence Phone No.: _____

3. Sex : Male / Female

4. Residential Address :

5. Aadhaar No. of the student :

6. Category : OC / BC-A, B, C, D, E / SC / ST / PH / NCC / CAP / SPORTS

7. Educational Qualifications :

Name of the Qualification	Year of Pass	Name of the Institution	Percentage of Marks
SSC			
Intermediate (or) Diploma			

8. Branch applied for : 1) B.Pharmacy

9. Whether the candidate qualified in EAMCET, if yes give details:

H. T. No. _____ Rank _____

(Enclose Xerox copy of Rank card)

10. Details of Registration Fee : Cash / D D No: _____ Date _____

Bank & Branch: _____

FATHER / MOTHER / GUARDIAN DETAILS

13. Name of the Father / Mother / Guardian:
14. Educational Qualification(s) :
15. Designation / Occupation /
Business & Other details :
16. Email Address :
17. Cell No.: Office Phone :
Residence Phone :
18. Aadhaar No. of the Father :
19. Aadhaar No. of the Mother :
20. Mention ONE references with their address & cell numbers:
1.

DECLARATION

I hereby declare that the information furnished above is correct with our knowledge concerned. If any information provided above is false, I am ready to lose my seat and bear consequentially stipulated punishment.

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENT