

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 2018 - 2019

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