

**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 2020 - 2021**  
**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			

8. **Branch applied for (in the order of Preference)** : 1) \_\_\_\_\_ 2) \_\_\_\_\_

9. **Whether the candidate qualified in EAMCET, if yes give details:**  
 H.T.No. \_\_\_\_\_

**(Enclose Xerox copy of Rank card)** : Rank \_\_\_\_\_

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**