

**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 2019 - 2020  
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**