

# SRI VENKATESWARA COLLEGE OF PHARMACY

ETCHERLA :: SRIKAKULAM – 532 410 (A.P)

**APPLICATION FORM FOR ADIMSSION INTO**

## D.Pharm/B.Pharm/M.Pharm/Pharm.D

*Affiliated to Andhra University, Visakhapatnam, Approved by PCI, New Delhi and SBTET, Guntur  
Accredited with NAAC 'A' grade*

Mode of Admission : Counseling  Management

Eligible for Fee reimbursement : YES  NO

EAPCET/PGECET/ECET RANK

Hall Ticket No :

Affix recent  
passport size  
colour  
photograph

Branch :

D.Pharm	B.Pharm	Pharm.D	M.Pharm		
			Pharmaceutics	Pharm. Analysis	Pharmacology

Category

SC	ST	BC	PH	EX.SER	SPORTS	GENERAL	EWS
		A / B / C / D / E					

1. Student Name (in BLOCK letters).....

2. Student Aadhar No..... Cell No.....

3. Name of Father/Guardian:..... Cell No.....

4. Father's/ Guardian's Occupation ..... Aadhar No.....

5. Name of Mother:..... Cell No.....

6. Mother's Occupation ..... Aadhar No.....

7. Rice card No..... ABC/APPAR ID No.....

8. Mother's Bank A/C No..... Name of the Bank.....

Branch ..... IFSC Code.....

9. Address for Correspondence (Permanent/Temporary) :.....

WhatsApp No..... e-mail I.D.....

10. Date of Birth : ..... 11. Gender : Male / Female

12. Mother Tongue : ..... 13. Nationality ..... 14. Religion.....

15. Reference (if any) .....

16. Initial Payment details: Paid amount Rs....., Dt..... Rc.No.....

17. ACADEMIC PERFORMANCE :

Exam. Passed	Board/ University	Name of School/ College	Year of Passing	Grade	% of Marks	Group/ Subjects
S.S.C. or equivalent						----
Intermediate or equivalent						
Degree						

18. UNDERTAKING:

I, Sri/ Kumari..... do hereby declare that the information given above is true to the best of my knowledge and have gone through the contents of the prospectus carefully and will abide by the rules and regulations mentioned there in. The authorities are at liberty to take any disciplinary action against me in violation of the rules and if any damage caused intentionally to the institution.

Date:

Signature of the Applicant

**For Office use only**

**FEE MODE**

1 Yr\_\_\_\_\_ 2 Yr\_\_\_\_\_ 3 Yr\_\_\_\_\_ 4Yr\_\_\_\_\_ 5yr\_\_\_\_\_ 6yr\_\_\_\_\_

**Signature of the Parent**

**Signature of the Principal**

**Signature of the Management**

19. BEES Registration No..... Date.....

20. Whether the applicant needs Hostel accommodation: YES  NO

21. Transport facility required YES  NO

Signature of the Principal

Clerk

Admissions-in-charge

Date :

Date:

Date :