



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor – 517 503. Ph : 0877-3247670

Application No. Courses Applied/Admitted : Admission Criteria:

Category A / B

Application Form of B.Pharmacy, M.Pharmacy, Pharm.D, Pharm.D (PB) Courses for the Academic Year 20..... to 20.....

| | | | |
|----|-------------------------------------|----------|-----------------|
| 1. | Name of the Applicant | | |
| 2 | Father's Name / Mother's Name | Father : | Mother : |
| 3 | Full Postal Address | | |
| 4 | City / State | | |
| 5 | Pin code | | |
| 6 | Phone. No. with STD Code | | |
| 7 | Mobile Number | Father: | Student : |
| 8 | Email ID | Father: | Student : |
| 9 | Date of Birth as per SSC | | Blood Group: |
| 10 | Gender | | |
| 11 | Nationality | | |
| 12 | Name of the College Passed | | |
| 13 | Month / Year of Passing | | |
| 14 | Is the College Recognized - Specify | | |
| 15 | Name of the University (UG Course) | | |
| 16 | EAMCET/PGECET/GPAT Rank | | Hall Ticket No. |

Please enter the Marks / Grade Scored in Qualifying

| S.NO. | YEAR | MAXIMUM MARKS | MARKS OBTAINED | % |
|-------|--------------|---------------|----------------|---|
| 1 | First Year | | | |
| 2 | Second Year | | | |
| 3 | Third Year | | | |
| 4 | Fourth Year | | | |
| | Total | | | |

| | | |
|----|--------------------------------|--|
| 16 | Category SC/ST/OBC/OC/Minority | |
| 17 | Religion | |
| 18 | Caste | |
| 19 | Mother Tongue | |

| 20 | Fee Details for the Course Joined | Year | Tuition Fee | Special Fee | Other Fees | Any Deductions | Total Fees |
|----|-----------------------------------|------|-------------|-------------|------------|----------------|------------|
| | | 1 | | | | | |
| | | 2 | | | | | |
| | | 3 | | | | | |
| | | 4 | | | | | |
| | | 5 | | | | | |

DECLARATION BY THE CANDIDATE

1. I, Mr. / Ms. hereby affirm that the information furnished by me in this application and the enclosures is true. I know that if the information furnished by me is untrue, my seat will be forfeited.
2. I will not indulge in any form of ragging. I know it is a criminal offence and if found guilty, I will be summarily dismissed. I undertake to make good the loss caused to the college/staff/student or any other person caused by any illegal act of mine.
3. I am liable to pay the balance of fees calculated for the entire course, in case I discontinued the course or I am expelled from the college for any reason.
4. I shall abide by all the rules and regulations of the college that may be framed from time to time.

Place :

Signature of the Student

DECLARATION BY PARENT OR GUARDIAN

1. I Mr. / Ms. hereby affirm that the information furnished in my Son's / Daughter's / Ward's application and in the enclosures is true. I know that if the information furnished by my Son/Daughter/Ward is found to be untrue, my Son's / Daughter's / Ward's seat will be forfeited.
2. I know ragging is a criminal offence and shall take steps to prevent my Son/Daughter/Ward from indulging in it. I also know that if he / she is found guilty to the offence, he / she will be summarily dismissed from the college. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of my son / Daughter / Ward.
3. I am liable for payment of the balance of fees calculated for the entire course, in case my Son / Daughter / Ward discontinues the course or is expelled from the college for any reason.
4. I am also aware that once the candidate is admitted to the course, no refund of fees either in full or part there of will be made, for any reason.

Place :

Date :

Signature of the Parent / Guardian

ANNEXURE – I

LIST OF ENCLOSURES TO ACCOMPANY THE APPLICATION FORM

(Please tick the certificates attached and the check list to be sent along with the application)
(All the Study Certificates to be submitted in Originals only.)

- | | |
|--|--|
| 1. Proof of date of Birth (10 th Marks card / SSLC Certificate) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Intermediate Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Conduct / Character Certificate issued by the Institutions last studied | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Provisional /All Marks Cards of Qualified Degree (B.Pharm/ B.Com/ B.Sc.) from first to final year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Transfer Certificate – Previous course | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Migration Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- | | |
|--|--|
| 7. PCI – recognition certificate of the college from where student has completed the course | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Caste Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Income Certificate (Convener quota only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Ration Card | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Aadhar Card | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Six recent Passport-Size color photographs With name and date. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PRINCIPAL