

Kommareddy Venkata Sadasiva Rao
SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES

VIJAYAWADA-520 010

(Sponsors: Siddhartha Academy of General & Technical Education, Vijayawada)

APPLICATION FORM FOR ADMISSION INTO THE 2-YEAR M.PHARM COURSE
FOR THE ACADEMIC YEAR 2017-2018 (Category-B)

(put \checkmark mark)

Pharmaceutics

Pharmaceutical Analysis

Pharmaceutical Chemistry

FOR OFFICE USE ONLY	
Regd. No.	
Admission No.	
Date of Admission	
Roll No.	



Affix latest passport
size photograph

1. Name in full (Block Letters)
(as per school records) :

2. Date of Birth(as per school records) :

3. Age (in years) :

4. Nationality : Mother Tongue :

5. Candidate's Permanent Address:
(Parental Address)

Telephone No. ----- Mobile No. -----

Email ID -----

6. Address of the Candidate for
sending communications :

Telephone No. ----- Mobile No.-----

Email ID -----

7. If Parent, Name : _____
 Occupation (with details) _____
 If Guardian, Name : _____
 Occupation (with details) _____
 Relation, If any, _____
 Annual Income of Parent/ Guardian : _____

Telephone No s. : Office ----- Residential -----
 Mobile No -----

8. Particulars of Qualifying Examination Passed

Name of the Course : _____
 Name of the University : _____
 Month / Year of Passing : _____
 Registration No: : _____

	Marks obtained	Maximum Marks
Total Marks Obtained in all Subjects in all years (If GPA pattern, enclose year wise statement)		

Over-all Percentage / CGPA

9. (a) Month / Year of GPAT in which the Candidate if appeared : _____
 (b) Percentile in GPAT : _____
 (c) Month / year of PGECET in which the Candidate if appeared : _____
 (d) Rank obtained in PGECET : _____

10. University area to which the Candidate belongs (Put √ Mark) : ANU AU OU SVU KU SKDU Others

11. NRI / Foreign Nationals Category:

Name of the Institution where studied and country : _____

Course completed : _____

Month & Year of Passing : _____

CGPA on a scale of 10 : _____

Whether Equivalency Certificate enclosed : Yes / No

Passport No./ issuing country : _____

Visa valid upto : _____

12. Previous Institutions attended : (Intermediate / Pre – University / B.Pharm)

Name (s) Of the College(s)/ Places	Years of Study

13. Mention briefly the outstanding Achievements in sports and Games or in other co/extra-Curricular activities, if any : _____

14. Do you require Hostel Accommodation: Yes / No

15. Name of the Student:

Name of the Father:

Name of the Mother:

Aadhar Card No:

Ragging is prohibited in this institution. The rules framed under "A.P. Prohibition of Ragging Act, 1997" will be implemented against all those who violate the Act and Rules.

DECLARATION BY THE CANDIDATE

I declare that all the above particulars are true and correct. Should any information given above is proved false at a later date, I agree to forfeit my admission. I agree to abide by the rules and regulations of the College and University in force from time to time. Further, I agree to abide by the decisions of Management and Principal of the College in matters of my misconduct or misbehavior or breach of rules and I agree to take my TC and leave the College at any time if my progress or conduct is not found satisfactory to the College authorities.

Station :

Date :

Signature of the Candidate

DECLARATION BY THE PARENT / GUARDIAN

I certify that the particulars given by my son / daughter / ward are true and correct. I agree that my son / daughter / ward would forfeit admission if any information given above is proved to be false at a later date. I agree for / his / her admission into the College. I shall be responsible for the payment of all the fees and other charges due from his / her on account of his / her studies. I shall also hold myself responsible and compensate for any damages caused by my son / daughter / ward in the college. I shall be responsible for his / her good behaviour and I agree to abide by the decision of the College Authorities in all matters and shall withdraw him / her from the college if the authorities are not satisfied with his / her progress / conduct without any claims.

Station :

Date :

Signature of the Parent / Guardian



KVSR SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES, VIJAYAWADA- 520 010

ACKNOWLEDGEMENT

Candidate should submit Xerox copies of the following along with the application form. The originals shall be submitted at the time of Interview / admission. Indicate by \checkmark mark in the bracket for copies submitted.

Name of the student:

Course:

- | | | |
|----|-----------------------------|-----|
| 1. | Marks Statements (SSC) | () |
| 2. | B.Pharmacy (P.C/Degree) | () |
| 3. | Study & conduct certificate | () |
| 4. | Transfer Certificate | () |
| 5. | Migration Certificate | () |
| 6. | Marks Memo (s) of B.Pharm | () |
| 7. | Others | () |

Signature of the Principal

ACKNOWLEDGEMENT

Candidate should submit Xerox copies of the following along with the application form. The originals shall be submitted at the time of Interview / admission. Indicate by \checkmark mark in the bracket for copies submitted.

Name of the student:

Course:

- | | | |
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| 5. | Migration Certificate | () |
| 6. | Marks Memo (s) of B.Pharm | () |
| 7. | Others | () |

Signature of the Principal