

**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 PHARM.D(PB) COURSE**  
**FOR THE ACADEMIC YEAR 2021-22 (Category-B)**

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:

Student Aadhar no.:

Name of the Father:

Father Aadhar No.:

Name of the Mother:

Mother Aadhar No.:

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**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.**

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**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**

**TO BE FILLED IN BY THE OFFICE**

Received copies of the Following :

- (1) Marks Statement/GPA Statement
- 2) Provisional Certificate/Degree
- 3) Transfer Certificate
- 4) Migration Certificate (For those who are from other than Krishna University)
- 5) GPAT Score Card(If any),
- 6) PGE CET Rank Card (If any) .

Checked the above information and found correct . Checked and found that the application is properly registered and is in order:

Date : \_\_\_\_\_ Initials of the Verifying Assistant \_\_\_\_\_ Initials of Manager \_\_\_\_\_

Date of the Interview : \_\_\_\_\_

Whether Selected : Yes / No  
in the interview

If wait listed , No. in : \_\_\_\_\_  
in the wait list

Initials of the Assistant \_\_\_\_\_ Initials of Manager \_\_\_\_\_

**A D M I T T E D**

Date :

Signature of the  
PRINCIPAL

**CHECK – LIST OF ENCLOSURES**

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 √ mark in the bracket for copies submitted.

- 1. Marks Statements/GPA Statement of Qualifying examination ( )  
(all years)
- 2. Provisional Certificate / Degree ( )
- 3. Transfer Certificate ( )
- 4. Migration Certificate (Wherever applicable) ( )
- 5. GPAT SCORE CARD (if any) ( )
- 6. PGE CET Rank Card (if any) ( )



# 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  $\sqrt{\quad}$  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  $\sqrt{\quad}$  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**