



PRIYADARSHINI COLLEGE OF PHARMACEUTICAL SCIENCES

(Sponsored by Jyothi Educational Society)
(Approved by AICTE, PCI & Affiliated to Osmania University)
Chowdaryguda (V), Ghatkesar (M), R.R. Dist. – 500 088,
Andhra Pradesh, India. Ph: 08415-255209

APPLICATION No.....

APPLICATION FORM FOR REGISTRATION

NAME

COURSE APPLIED FOR

YEAR

PG-CET/EAMCET/ECET

ENTRANCE HT No.

ENTRANCE MARKS

RANK

PROVISIONAL ROLL NUMBER

(2)
(To be filled in by the Applicant)

1. Name in full
(In Capitals) _____
2. Name of Father/Guardian _____
3. If Guardian, Relation _____
4. Sex _____
5. Occupation of Father/Guardian _____
6. Annual Income of Father/Guardian _____
7. Name of Mother _____
8. Occupation of Mother _____
9. Annual Income of Mother _____
10. Date of Birth as recorded in _____
11. SSC or Matriculation Certificate _____

11. Address for Correspondence

House No. _____	Street _____
City _____	Dist. _____
PIN _____	Tel & STD Code _____

12. Permanent Home Address

House No. _____	Street _____
City _____	Dist. _____
PIN _____	Tel & STD Code _____

13. Place of Birth _____

14. Nationality _____ Religion _____ Mother Tongue _____

15. Category

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16. Are you domiciled in AP? If No, give details of your stay in A.P. and the state of which you belong.

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(3)

17. Previous Educational Record

Name of the School/college	Place	From Class	To Class	Academic Year

18. Details of Examinations Passed

Examination	Year	Board/University	Subjects	Marks Percent	Division

19. Do you belong to NCC/NSS/Sportsman/Defense/PH Category? If Yes, give details (Enclose Certificates in original)

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20. Identification marks

1) 2)

21. Any Other Information you wish to furnish

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(4)

DECLARATION BY THE APPLICANT

I hereby apply for admission to the course as per details above.

I confirm that the information furnished above by me is true to the best of my knowledge and belief. If found false, I shall forfeit my admission and all fees etc., paid by me. Further, I shall abide by all the rules & regulations framed from time to time by the College, University and the State and I shall not indulge in any activity detrimental to the Society's objectives.

Date:

Signature of Applicant

DECLARATION BY THE PARENT / GUARDIAN

I hereby confirm that the information furnished by the applicant above is true to the best of my knowledge. If found wrong. I understand that he/she will forfeit his/her admission as well as all the fees paid. Further I will direct the applicant to abide by all the rules and regulations of the institution as amended from time to time. I shall be responsible to pay all his/her fees and charges and for his/her good behavior & conduct during the period of his/her college career.

I am aware of the AP State Anti-ragging Act and the fact that indulging in ragging in any manner will render my ward liable to penalties and punishments including expulsion/suspension from the college.

Date:

Signature of Parent/Guardian

NO. OF ENCLOSURES

- | | | |
|-----|--|--------------------------|
| 1. | S.S.C. / Matriculation Marks Memo | <input type="checkbox"/> |
| 2. | Intermediate Marks Memo | <input type="checkbox"/> |
| 3. | Intermediate TC | <input type="checkbox"/> |
| 4. | Intermediate Bonafide & Conduct Certificates | <input type="checkbox"/> |
| 5. | PG-CET/EAMCET/E-CET Hall Ticket | <input type="checkbox"/> |
| 6. | B.Pharm – consolidated mark list | <input type="checkbox"/> |
| 7. | B.Pharm – Degree Certificate | <input type="checkbox"/> |
| 8. | NCC/NSS/Sportsman/Defense/PH Category Certificates | <input type="checkbox"/> |
| 9. | Passport Photos (6 No's) | <input type="checkbox"/> |
| 10. | Income Certificate if applicable | <input type="checkbox"/> |
| 11. | Ration Card if applicable | <input type="checkbox"/> |
| 12. | Residence Certificate | <input type="checkbox"/> |

Date:

Place:

Signature of Admissions Incharge