



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor – 517 503. Ph : 7661976616

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. And responsibility for 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