



SRR COLLEGE OF PHARMACEUTICAL SCIENCES

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APPLICATION FOR ADMISSION INTO PHARM.D I YEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2018-2019.

(For Office Use Only)

Received on

Registration No.....

Authorized signature

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1. **Name of the Applicant** : -----
(in Block letters as per SSC)
2. **Date of Birth (dd/mm/yyyy)** : -----
(As per SSC-Enclose photocopy)
3. **Father's Name** : -----
4. **Mother's Name** : -----
5. **Address for Communication** : -----
(with pin code)

6. **Telephone No. with STD code** : ----- **Mobile No** -----
7. a) **Name of the qualifying examination** :
b) **Month and year of passing** :
c) **Total Marks and Percentage** :
(Enclose photo copies of mark memo)
d) **Stream** : **M.P.C / Bi.P.C**
8. **Rank in EAMCET-2018** :
(Enclose photocopy of Rank card)

9. (a) Nationality & Religion :
(b) Do you belong to Telangana : Yes / No
(c) If not, mention the State to which you belong :
(d) Place of Birth :

10. Whether you belong to OC / BC / SC / ST

11. Particular of Parent / Guardian
(Guardian only if parent is not alive)
a) Name :
b) Relationship with the candidate :
c) Profession and Designation :
d) Annual income from all sources :

DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I declare that all the foregoing statements made in this application are true. I accept that any statement made in this application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

Signature of the Parent / Guardian

Signature of the Candidate

Date:

Place:

Note:

1. Candidate are instructed to be very careful about the entries to be made.
2. All entries should be in candidate's own hand writing and the candidate will be held responsible for any incorrect entry that he / she makes.