

# VAAGDEVI INSTITUTE OF PHARMACEUTICAL SCIENCES

Bollikunta, Khila Warangal, Warangal Urban, TS - 506 005.

Affiliated to Kakatiya University and Approved by AICTE & PCI

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## APPLICATION FOR ADMISSION INTO B. PHARM/ PHARM.D/ M. PHARM I YEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 20\_\_-20\_\_.

(For Office Use only)	
Receipt No: .....	Affix latest Passport size Colour photograph
Date	
Authorized Signatory	

- Name of the Applicant \_\_\_\_\_  
(in Block letters as per SSC)
- Date of Birth (dd/mm/yyyy) \_\_\_\_\_  
(As per SSC -Enclose Photocopy)
- Father's Name \_\_\_\_\_
- Mother's Name \_\_\_\_\_
- Address for Communication \_\_\_\_\_  
(with Pin Code ) \_\_\_\_\_
- Telephone No. (with STD code): \_\_\_\_\_ Mobile No: \_\_\_\_\_
- a) Name of the qualifying examination : \_\_\_\_\_  
b) Month and Year of passing : \_\_\_\_\_  
c) Total Marks and percentage (%) : \_\_\_\_\_  
(Enclose photocopy of certificate)
- d) Group subjects : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Group subjects (%)
- Rank obtained in EAMCET -20\_\_ \_\_\_\_\_  
(Enclose photocopy of Rank card)
- Regn.fee Rs. \_\_\_\_\_ D.D. No. \_\_\_\_\_ Date : \_\_\_\_\_ Bank & Branch :

### DECLARATION

We declare that all the above statements made in this application are true. We accept that any statement made in the 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 Applicant  
Date:

Signature of the Father/ Mother/ Guardian