

VIKAS COLLEGE OF PHARMACY

(Established by Jangaon Vikas Education Society, Jangaon)
Vikas Nagar, Siddipet Road, Jangaon-506167 Dist. Jangaon
Affiliated to K.U, Warangal, Approved by PCI, New Delhi

(For Office Use Only)

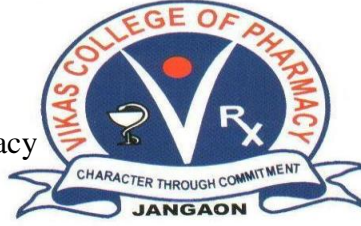
Admission No.:

Date of Admission:

Course: B. Pharmacy/M. Pharmacy

M. Pharmacy Specialization:

Hall Ticket No.:



**PHOTO
TO BE ATTESTED
BY PRINCIPAL**

1. Name of the Candidate : _____
(As per SSC in BLOCK LETTERS)
2. Sex [] : Male / Female
3. Father/ Guardian Name : _____
4. Mother Name : _____
5. Occupation/Designation of Parent : _____
6. Annual income from all sources : _____
7. Contact No. of Parent : _____
8. Nationality : _____
9. Caste & Sub-Caste : _____
10. Aadhar Number : _____
11. Date of Birth as per SSC

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12. Whether Physically Handicapped []: Yes / No
13. Blood Group [A^{+/+}/ B^{+/+}/ O^{+/+}] : _____
14. Permanent Address : H.No. : _____
Street Name : _____
Village & Mandal : _____
District : _____
State : _____
PIN : _____
15. Communication Address : _____
With Contact Numbers _____

16. E-mail ID : _____
17. Particulars of EAMCET/GPAT/PGECET:

Year	Stream	Rank	Hall Ticket No.	Marks

18. Furnish the following details regarding previous study of the candidate and Enclose copy of Study/Bonafide Certificates as proof.

Qualification	Year of Passing	Name of the Institution	Place of the Institution	Board/ University	Marks Obtained	Total Marks	Percentage of Marks
SSC							
Intermediate							
D. Pharmacy							
B. Pharmacy							

19. Identification Marks as per SSC : 1. _____
2. _____

20. Certificates Enclosed :

- | | | |
|--------------------------------------------|------------|------------------|
| i. Rank Card of EAMCET/GPAT/PGECET | : Yes / No | Original / Xerox |
| ii. Hall Ticket of EAMCET/GPAT/PGECET | : Yes / No | Original / Xerox |
| iii. SSC or Equivalent Memo | : Yes / No | Original / Xerox |
| iv. Intermediate Memo | : Yes / No | Original / Xerox |
| v. B. Pharmacy- a. Consolidated Marks Memo | : Yes / No | Original / Xerox |
| b. Provisional Certificate | : Yes / No | Original / Xerox |
| c. Degree Certificate (OD) | : Yes / No | Original / Xerox |
| vi. Study/ Residence Certificate | : Yes / No | Original / Xerox |
| vii. Caste Certificate | : Yes / No | Original / Xerox |
| viii. Income Certificate | : Yes / No | Original / Xerox |
| ix. Transfer Certificate (T.C) | : Yes / No | Original / Xerox |
| x. Aadhar Card | : Yes / No | Original / Xerox |

Signature of the Clerk

Signature of the Principal

DECLARATION BY THE CANDIDATE

I hereby furnish and undertake that: I will be governed by the Rules and Regulations of the college with regard to the B.Pharmacy/M.Pharmacy Degree course. I will abide by the schemes of Instruction and Examinations, Rules and Regulations in respect of attendance, passing percentages applicable to the award of division, etc., as applicable to B.Pharmacy/M.Pharmacy Course of Vikas College of Pharmacy, Jangaon.

I also declare that the particulars furnished by me in this application form are true. I did not suppress any information. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false.

Left Thumb

Right Thumb

Signature of the Candidate

DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN

I agree to the applicant's admission to the B.Pharmacy/M.Pharmacy Course at Vikas College of Pharmacy, Jangaon. I shall be responsible for the payment of all his/her fees and other charges. I shall be responsible for his/her conduct during the period of his/her college carrier. I endorse that the information furnished by my son/daughter/ward is true to the best of my knowledge and belief.

Date:

Signature of the Father/Guardian