



SRI KRISHNA CHAITHANYA COLLEGE OF PHARMACY

Gangannaripalle, Nimmanapalle Road, Madanapalle - 517 325

APPLICATION FORM FOR ADMISSION IN BACHELOR OF PHARMACY

1. Name of the Applicant : (In Block Letters)				<i>Paste a latest colored passport sized photograph & attach three additional copies thereof.</i>					
2. Fathers name:									
3. Address for communication:									
Post:		District:		State:		Pin No:			
STD code:		Phone No:		e-mail:					
4. Place and Date Of Birth (As entered in SSC/ Equivalent Examination Certificate/ Document acceptable by Court of law or Government as proof of age to be enclosed.				Place: <input type="text"/>					
				Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Month: <input type="text"/> <input type="text"/>		Date: <input type="text"/> <input type="text"/>	
5. Nationality/Domicile		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Caste: SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/>					
6. Institution and University from which the qualifying examination is passed:									
7. Intermediate:		Month and Year of passing:		Subject:		Class:			
8. Other qualifying Examination if any:									
9. Occupation of Father/Mother:									
10. Annual Income:									
11. Admission Registration / Examination Fees paid		Amount		D.D.No.		Date		Drawn on Bank	

Place :

Date :

DECLARATION

I hereby solemnly and sincerely affirm that the statements made and information furnished in my application submitted by me are true. Should it, however be found that the information furnished there is not actually true, I know I am liable for prosecution and forfeiture of the admission.

I ask to abide by the rules and regulation of the college and the hostel.

I shall be responsible for the payment of all fee and other charges due to my ward. I shall also be responsible for his good conduct and with draw him from the college if his academic progress or conduct is satisfying to the college authorized.

Signature of the Parent / Guardian

Signature of the Applicant