

Application Fee : Rs.100/-

VAGDEVI COLLEGE OF PHARMACY

Gangavaram (P), Gurazala(M), Guntur (Dt.)

Ph: 08649-213292, E-Mail: vcpgurazala@gmail.com, www.vagdevigurazala.in

**APPLICATION FOR ADMISSON INTO
D-PHARMACY/B-PHARMACY/ M-PHARMACY**

1. Full Name (in Block letters) :

2. Father's Name in full :

3. Mather's Name in full :

4. Date of Birth as given in (S.S.C) :

5. Nationality :

6. Caste / Sub Caste :

7. Whether Married :

8. Occupation of the Father / guardian :

9. Annual income of the parent / guardian :

10. Class in which the applicant admitted :

11. Date of join in college

Permanent Address:

Cell no.

e-mail ID:

Ration Card No. (if scholar) : _____

Local Address if any: _____

Cell no. _____

Educational Details

examinations	University/Board/Institute	Regular/ Supplementary	Reg.No.	Year of Pass	Pass %
S.S.C					
Intermediate					
B. Pharmacy					

Identification marks (as per S.S.C) 1.. _____

2. _____

By Government Order

I will not involve in ragging as well as in eve-teasing. If I am found guilty or ragging of Eve-teasing of any anti-social activity, I shall accept the punishment of the college of respective authorities

(Signature of Parent)

(Signature of Student)

CHECK LIST

CHECK LIST		
1	Marks memorandum of S.S.C	
2	Marks memorandum of Intermediate/ B.Pharm	
3	Transfer Certificate	
4	Study & Conduct Certificate	
5	Caste Certificate and Income Certificate	
6	Eamcet/PGECT/G-PAT Hall Ticket & Rank card	
7	Migration Certificate (in case of other University)	
8	Five Recent Pass port size photos	

FOR OFFICE USE ONLY

(Admission is granted subject to submission of all original Certificates required under the rules)

Checked by: _____

Admitted

Date: _____

Rejected

PRINCIPAL