



# 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)
2. Fathers name:
3. Address for communication:

*Paste a latest  
colored passport  
sized photograph &  
attach three  
additional copies  
thereof.*

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:

Year:

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Month:

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Date:

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5. Nationality/Domicile Sex: Male ☐ Female ☐ Caste: SC ☐ ST ☐ BC ☐ OC ☐

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 /<br>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