



SRI KRISHNA CHAITHANYA COLLEGE OF PHARMACY

Gangannagaripalle, Nimmanapalle Road, Madanapalle - 517 325

APPLICATION FORM FOR ADMISSION IN MASTER OF PHARMACY

AREA OF INTEREST:

1. PHARMACEUTICS
2. MEDICINAL CHEMISTRY

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

1. Name of the Applicant (In Block Letters):

2. Fathers name:

3. Address for communication:

Post:

District:

State:

Pin No:

STD code:

Phone No:

email address:

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:

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Month:

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Date:

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5. Nationality/Domicile

Sex: Male

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Female

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Caste: SC

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ST

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BC

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OC

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6. Qualifications:

Degree	Duration of the Course (Years)	College from which qualified	Admission		Passing		Number of Appearances in the final Examination	Name of the University Studied
			Month	Year	Month	Year		
B. Pharm								

7. Academic Marks Obtained in B.Pharm (For all subjects put-together)

	Semester	Max. Marks	Marks Obtained	Percentage
Year I	I	.....	.....	.....
	II	.....	.....	.....
Year II	III	.....	.....	.....
	IV	.....	.....	.....
Year III	V	.....	.....	.....
	VI	.....	.....	.....
Year IV	VII	.....	.....	.....
	VIII	.....	.....	.....

8. GPAT rank/ PGECET rank (If any):

9. Occupation of Father/Mother:

10. Annual Income:

11. Total job experience & speciation of the applicant (If any):

12. 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