

AD 191  
16/02/21

Application No: \_\_\_\_\_



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY

Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna University)

(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth)



1. Course applied for: 4-Years B.Pharm Course

pharm D

2. NAME OF THE CANDIDATE:  
(in full and in block letters as entered in S.S.C. or equivalent certificate)

MAREBOINA SUMALATHA

3. Father's name: (in full and in block letters)

MAREBOINA AMRUTHAIAH

4. (a) Complete Postal Address for communication (in block letters)

SYAMARAJUPURAM, DURGI (mandal)  
GUNTUR (Dist)

PIN 522612

(b) Permanent Address with PIN code (in block letters)

SYAMARAJUPURAM

PIN 522612

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: mareboina koteswamma

Occupation: farmer

Address: Syamarajupuram  
durgi (mandal) Guntur (dist)

Local Guardian if any, Address: Syamarajupuram

Relationship: Mother

Office: \_\_\_\_\_

Phones: Resi: \_\_\_\_\_

Mobile: 9573358570

Office: \_\_\_\_\_

Phones: \_\_\_\_\_

Resi: \_\_\_\_\_

Mobile: 8074687707

6. CANDIDATE'S

Sex:

M  F

Date of birth:

08 10 2001

(As per School Records) (Christian Era)

Nationality: Indian

Do you belong to Andhra Pradesh State  YES  NO

Caste BC-D

Sub-caste Yadava

M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Dist.),  
Guntur (Dt.), Pin : 522 601.

7. Identification marks of candidate as given in School records:

A MOLE ON LEFT HAND
A MOLE ON RIGHT MIDDLE FINGER

8. Particulars of Qualifying examination. (Attach copies of marks) Intermediate or its equivalent:

Marks secured/total: 977(929) % of marks: Grade/Division: 977

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	2017 - 2018	GOODNEWSEEM High school	
2.	Intermediate / equivalent	2018 - 2019	NRI VIDYA JUNIOR	

10. EAMCET/ECET - 20 Rank, if any 35887

DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government. I declare that all the foregoing statements made in this application are true to the best of my knowledge. I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled. I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college. I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 16/02/21  
Place: Syamarajupuram

M. Sumalatha  
Signature of the Candidate

DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study. I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date: 16/02/21  
Place: Syamarajupuram

M. S. V. S. S. S.  
Signature of Parent or Guardian

The Candidate is admitted / Rejected

Principal

(For office use only)

Principal  
M.A.M. College of Pharmacy  
KESANUPALLI (P.O., KANASARAOJI ROAD)  
Guntur (Dt.), Pin : 522 601.

MPC

182 / 15/01/21

Application No: \_\_\_\_\_



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY

Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna University)

(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth, Sc



1. Course applied for: <sup>pharm.D</sup> 4 Years B.Pharm Course

2. NAME OF THE CANDIDATE:  
(in full and in block letters as entered in S.S.C. or equivalent certificate)

Pratti. Naga Savani

3. Father's name: (in full and in block letters)

Pratti. Srinevasa rao

4. (a) Complete Postal Address for communication (in block letters)

Gollapadu, muppalla (m) Guntur (d) PIN 522408

(b) Permanent Address with PIN code (in block letters)

Gollapadu, muppalla (m) Guntur (d) PIN 522408

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: Srinevasa rao  
Occupation: Farmer  
Address: Gollapadu muppalla Guntur

Relationship: Father

Office: \_\_\_\_\_  
Phones: Resi: \_\_\_\_\_  
Mobile: 9963294732  
Office: 9490438178  
Phones: Resi: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Local Guardian if any, Address:  
Gollapadu,

6. CANDIDATE'S

Sex:  M  F  
Date of birth: 19 07 2003  
(As per School Records) (Christian Era)

Nationality: Indian

Do you belong to Andhra Pradesh State  YES  NO

Caste: OC

Sub-caste: Telaga

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet, (Dt),  
Guntur (Dt), Pin : 522601.

7. Identification marks of candidate as given in School records:

A mole below the left eye
A mole below the right eye

8. Particulars of Qualifying examination. (Attach copies of marks) Intermediate or its equivalent:

Marks secured/total: 705 % of marks: 7.44 Grade/Division:

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	8-7	Z.P.H School muppalla	
2.	Intermediate / equivalent	7.44	Educare Jr college Narasaraopet	

10. EAMCET/ECET - 20 Rank, if any 92457

**DECLARATION BY THE CANDIDATE**

I am aware that the allotment of admission is provisional and subject to ratification by Government. I declare that all the foregoing statements made in this application are true to the best of my knowledge. I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled. I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college. I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

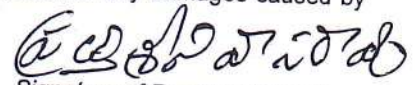
Date: 5/11/2020  
Place: Narasaraopet

P. Naga Sravani.  
Signature of the Candidate

**DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE**

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study. I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date:  
Place:

  
Signature of Parent or Guardian

The Candidate is admitted / Rejected

Principal

(For office use only)

Chava

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Dist.),  
Quntur (Dt.), Pin : 522 601.

866  
3/9/19

Application No: \_\_\_\_\_



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY

Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna Un

(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth, Sc



1. Course applied for: 4-Years B.Pharm Course

2. NAME OF THE CANDIDATE:

(in full and in block letters as entered in S.S.C. or equivalent certificate)

BANDI. ANARA NAGESWARI

3. Father's name: (in full and in block letters)

BANDI. VENKATESWARLU

4. (a) Complete Postal Address for communication (in block letters)

Thummalacheruru  
PIN 522437

(b) Permanent Address with PIN code (in block letters)

Thummalacheruru  
PIN 522437

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: Bandi. ~~Anara Nageswari~~ Venkateswarlu  
Occupation: farmer  
Address: Thummalacheruru

Relationship: father

Office: -  
Phones: Resi: -  
Mobile: 9912180914  
Office: -  
Phones: Resi: -  
Mobile: 8886556119

Local Guardian if any, Address: Mr. Mastan uali, Mulakalav. (Post) Kesanupalli, Narasaraopet, Guntur. Dt. 522601

6. CANDIDATE'S

Sex:  M  F Date of birth: 29 09 2002  
(As per School Records) (Christian Era)

Nationality: India

Do you belong to Andhra Pradesh State  YES  NO

Caste SC-(Hindumala) Sub-caste Hindumala

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.) Narasaraopet, Guntur

7. Identification marks of candidate as given in School records:

A mole on the Right hand
A Mole on the Right cheek

8. Particulars of Qualifying examination. (Attach copies of marks)  
Intermediate or its equivalent:

Marks secured/total:

% of marks:

Grade/Division:

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	2017	S.K.H-2-P High school	1st class
2.	Intermediate / equivalent	2019	Vasavi Junior college	1st class

10. EAMCET/ECET - 20

Rank, if any

62407

DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government.

I declare that all the foregoing statements made in this application are true to the best of my knowledge.

I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled.

I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college.

I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 03/09/19  
Place: Kesarnupalli

B-Anasa Nageswari  
Signature of the Candidate

DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study.

I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date: 03/09/19  
Place: Kesarnupalli

Signature of Parent or Guardian

The Candidate is admitted / Rejected

(For office use only)

Principal

PRINCIPAL  
M.A.M. College of Pharmacy  
KESARNUPALLI (Po.), Narasaraopeta (Dist.),  
Guntur (Dt.), Pin : 522 601.

Application No: \_\_\_\_\_

# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY



Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna University)



(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth, Schooling etc.)

**Branches:**

Pharmaceutics	<input type="text" value="02"/>
Pharmaceutical Analysis	<input type="text" value="01"/>
Pharmacology	<input type="text" value="03"/>



1. Course applied for: 2-Years M.Pharmacy Course

2. NAME OF THE CANDIDATE:

(in full and in block letters as entered in S.S.C. or equivalent certificate)

KARASALA MADHAVI

3. Father's name: (in full and in block letters)

KARASALA RAMARAO

4. (a) Complete Postal Address for communication (in block letters)

DR NO: 3-160, AMEENSAHEB PALEM VILLAGE, NADENDLA (MD),  
GUNTUR. PIN

(b) Permanent Address with PIN code (in block letters)

DR NO 3-160, AMEENSAHEB PALEM VILLAGE, NADENDLA (MD),  
GUNTUR. PIN

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: K. RAMARAO

Occupation: DAILY WAGE EARNER

Address: DR NO: 3-160, AMEENSAHEB  
PALEM VILLAGE, NADENDLA (MD),  
GUNTUR (Dt).

Relationship: FATHER

Office:

Phones: Resi:

Mobile:

Mobile:

6. CANDIDATE'S

Sex:

Date of birth:

M  F

(As per School Records) (Christian Era)

Nationality: INDIAN

Do you belong to Andhra Pradesh State  YES  NO

Caste

Sub-caste

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Dist.),  
Guntur (Dt.), Pin : 522 501.

8/8/2018

Application No: \_\_\_\_\_



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY

Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna U

(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth, S



1. Course applied for: 4-Years B.Pharm Course

2. NAME OF THE CANDIDATE:  
(in full and in block letters as entered in S.S.C. or equivalent certificate)

SETTI ARUNYAMMA

3. Father's name: (in full and in block letters)

SETTI BULLERAI

4. (a) Complete Postal Address for communication (in block letters)

Door no:- 1-29, near R.C.M church, Lagadapadu village,  
Pedakurupadu mandal, Guntur district. PIN 522402

(b) Permanent Address with PIN code (in block letters)

Door no:- 1-29, near R.C.M church, Lagadapadu village,  
Pedakurupadu mandal, Guntur Dt - Andhra Pradesh PIN 522402

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: Setti Bullerai  
Occupation: Farmer  
Address: Lagadapadu village, Pedakurupadu

Relationship: \_\_\_\_\_

Office: \_\_\_\_\_  
Phones: Resi: \_\_\_\_\_  
Mobile: 9951294093  
Office: \_\_\_\_\_  
Phones: Resi: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Local Guardian if any, Address:  
Lagadapadu village, Pedakurupadu

6. CANDIDATE'S

Sex:

M

Date of birth:

03 07 2001

(As per School Records) (Christian Era)

Nationality: India

Do you belong to Andhra Pradesh State  YES  NO

Caste SC

Sub-caste SC (minnamala)

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Dt.),  
Guntur (Dt.), Pin : 522-601.



7. Identification marks of candidate as given in School records:


8. Particulars of Qualifying examination. (Attach copies of marks)

B.Pharm or its equivalent:

Marks secured/total:

% of marks:

Grade/Division:

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	2012 - 13	Z.P.H.S. Amekhi Sahab Polem	
2.	Intermediate / equivalent	2013 - 15	R.C.C. Repalle	
3.	B.Pharm	2015 - 19	M.A.M. College	

10. PGECET - 2019 Rank, if any

4564

DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government.

I declare that all the foregoing statements made in this application are true to the best of my knowledge.

I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled.

I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college.

I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 06/11/19  
Place: Kesaniapalli

*L. K. Madhavi*  
Signature of the Candidate

DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study.

I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date: 06/11/19  
Place: Kesaniapalli

*L. K. Madhavi*  
Signature of Parent or Guardian

The Candidate is admitted / Rejected

(For office use only)

Principal

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Mn.),  
Guntur (Dt.), Pin : 522 201.

7. Identification marks of candidate as given in School records:

A mole on the fore head
A mole on the collar bone

8. Particulars of Qualifying examination. (Attach copies of marks)  
Intermediate or its equivalent:

Marks secured/total: 856 % of marks: 85 Grade/Division: A

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	2015 - 2016	Z.P. High School Pedakuru	
2.	Intermediate / equivalent	2016 - 2018	Sri Lakshmi Junior College	

10. EAMCET/ECET - 20 Rank, if any 32628

DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government.  
I declare that all the foregoing statements made in this application are true to the best of my knowledge.  
I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled.  
I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college.  
I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 09/08/2018  
Place: Kesanupalli

*S. Anagamma*  
Signature of the Candidate

DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study.  
I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date: 09/08/2018  
Place: Kesanupalli

*S. Venkateswara*  
Signature of Parent or Guardian

The Candidate is admitted / Rejected

Principal

(For office use only)

Direct  
only E/F

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopeta (Taluk),  
Guntur (Dt.), Pin : 522 501.

MPC  
Com

280/9/18

Application No:.....

# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY



(Approved by AICTE & PCI, New Delhi, Recognised by Govt. of A.P. and Affiliated to ANU)  
KESANUPALLI (PO), NARASARAOPET (Mdl), GUNTUR (DT), PIN - 522601. (A.P.)



(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof.  
Ex: Date of Birth, Schooling etc.)



1. Course applied for : **4-YEAR B. PHARMACY COURSE**

2. NAME OF THE CANDIDATE : (in full and in block letters as entered in S.S.C. or equivalent certificate)

GOLLA. NAVEEN

3. Father's name : (in full and in block letters)

GOLLA. SITHA RAMAIAH

4. (a) Complete Postal Address for communication (in block letters)

A.muppalla., Guntur [Dist], IPUR [MD]

PIN 5 2 2 6 6 1

(b) Permanent Address with PIN code (in block letters)

PIN 5 2 2 6 6 1

5. Particulars of Parent/Guardian : (Guardian, only if father is not alive)

Name : GOLLA. SITHA RAMAIAH

Occupation : Farmer

Address : A.muppalla. ipur [MD] Guntur [Dist]

Relationship :

Office :

Phones :

Resi : 7893941053

Mobile : 799778787

Phones:

Office :

Resi :

Mobile :

6. CANDIDATE'S

Sex:

male

Date of birth:

1 8 0 7 1 9 9 9

(As per School Records) (Christian Era)

Nationality

Do you belong to andhra Pradesh State

Yes

No

Caste

OC

Sub-caste

M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Mdl),  
Guntur (Dt.), Pin : 522 601.

7. Identification marks of candidate as given in School records:

A mole near the throat
A mole on the left side of the chest

8. Particulars of Qualifying examination. (Attach copies of marks) Intermediate or its equivalent:

Marks secured/total: 566

% of marks: 56.6%

Grade/Division: C

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificate should be attached as proof).

Sl.No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which is situated	Remarks
1.	SSC	7.7 GPA	Z.P high school A. muffalla	
2.	Intermediate / equivalent	566	Charanabashi college A. muffalla.	

10. EAMCET / ECET – 20

Rank, if any

124060

### DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government. I declare that all the foregoing statements made in this application are true to the best of my knowledge. I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled. I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University / Government from time to time and will abide by the rules of discipline of the college. I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 19-5-18.

Place: Kesanupalli

G. Navneen  
Signature of the Candidate

### DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son / daughter / ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son / daughter / ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his / her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his / her study.

I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter / ward. I hereby declare that I agree to meet the expenses in the college of my son / daughter / ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son / daughter/ward to the college.

Date: 19-5-18

Place:

G. Sridhar Reddy  
Signature of Parent or Guardian

The Candidate is admitted / Rejected

Principal

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (M.D.),  
Guntur (Dt.), Pin : 522 601.

(For office use only)

B.R.T. Kesanupalli

767  
20/9/17

Application No: \_\_\_\_\_



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY

Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna University)

(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth, S



1. Course applied for: 4-Years B.Pharm Course

2. NAME OF THE CANDIDATE:  
(in full and in block letters as entered in S.S.C. or equivalent certificate)

ISLAVATH GURU BABU NAIK

3. Father's name: (in full and in block letters)

ISLAVATH LALU NAIK

4. (a) Complete Postal Address for communication (in block letters)

S/O LALU NAIK, 6-5, Obulapuram tonda,  
OBULAPURAM, PRAKASAM, A.P PIN 523367

(b) Permanent Address with PIN code (in block letters)

S/O LALU NAIK, 6-5, Obulapuram tonda, OBULAPURAM,  
PRAKASAM, A.P. PIN 523367

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: ISLAVATH GURU BABU NAIK  
 Occupation: KULI  
 Address: S/O LALU NAIK, 6-5,  
obulapuram tonda, Obulapuram, prakasam  
 Local Guardian if any, Address:

Relationship: Father

Office: \_\_\_\_\_  
 Phones: Resi: \_\_\_\_\_  
 Mobile: 9705803745  
 Office: \_\_\_\_\_  
 Phones: Resi: \_\_\_\_\_  
 Mobile: 9963589092

6. CANDIDATE'S

Sex:  M  F  
 Date of birth: 28 12 1998  
 (As per School Records) (Christian Era)

Nationality: \_\_\_\_\_

Do you belong to Andhra Pradesh State  YES  NO

Caste ST Sub-caste \_\_\_\_\_

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (dist.),  
Guntur (Dt.), Pin : 522 601.

7. Identification marks of candidate as given in School records:

A Mole on the left side Lip
A Mole on the left Hand

8. Particulars of Qualifying examination. (Attach copies of marks)  
Intermediate or its equivalent:

Marks secured/total: 721 % of marks: 72.1% Grade/Division: B Grade

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	B. B. G. P. A	M. J. P. A. P. B. C. W. R. E. S. SCHOOL, Prakasam (Dt.)	
2.	Intermediate / equivalent	721	SAHITHI JUNIOR College	

10. EAMCET/ECET - 20 Rank, if any 46439

DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government.  
I declare that all the foregoing statements made in this application are true to the best of my knowledge.  
I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled.  
I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college.  
I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 25/09/17  
Place: Kesarnupalli

J. Giribabu Naik  
Signature of the Candidate

DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study.  
I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date: 25/09/17  
Place: Kesarnupalli

G. Lal Naik  
Signature of Parent or Guardian

The Candidate is admitted / Rejected

Principal

(For office use only)

PRINCIPAL  
M.A.M. College of Pharmacy  
KESARNUPALLI (Po), West Godavari (Dist.),  
Guntur (Dt.), Pin : 522 047.

711 / 14/8/12

Application No: \_\_\_\_\_



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY

Kesanupalli, Narasaraopet, Guntur (Dt), PIN - 522601  
(Approved by AICTE & PCI, New Delhi, Affiliated to Acharya Nagarjuna U

(To be filled by the candidate in English in his/her hand-writing.  
Wherever necessary attested copies of certificates are to be enclosed as proof. Ex: Date of Birth, S



1. Course applied for: 4-Years B.Pharm Course

2. NAME OF THE CANDIDATE:  
(in full and in block letters as entered in S.S.C. or equivalent certificate)

SHAIK. GOUSE BASHA

3. Father's name: (in full and in block letters)

SHAIK. GALIB SAHER

4. (a) Complete Postal Address for communication (in block letters)

NARASARAOPET, VARAVAKATTA, DOOR. NO - 8  
8-5-61 PIN 522601

(b) Permanent Address with PIN code (in block letters)

\_\_\_\_\_  
PIN \_\_\_\_\_

5. Particulars of Parent/Guardian: (Guardian, only if father is not alive)

Name: SHAIK. MASTHAN VALI  
Occupation:  
Address:

Relationship: Uncle

Office: \_\_\_\_\_  
Phones: Resi: \_\_\_\_\_  
Mobile: 7799080614  
Office: 9966317781  
Phones: Resi: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Local Guardian if any, Address:

6. CANDIDATE'S

Sex:  M  F

Date of birth: 30 05 2000

(As per School Records) (Christian Era)

Nationality: Indian

Do you belong to Andhra Pradesh State  YES  NO

Caste BC-E

Sub-caste MUSLIM

PRINCIPAL  
M.A.M. College of Pharmacy  
KESANUPALLI (Po.), Narasaraopet (Dt),  
Guntur (Dt), Pin : 522 601.

7. Identification marks of candidate as given in School records:

1. A Mole on the left side of the NOSE  
 2. A mole in between elbow and wrist on Right Hand

8. Particulars of Qualifying examination. (Attach copies of marks) Intermediate or its equivalent:

Marks secured/total: % of marks: Grade/Division:

9. Furnish the particulars of schooling for a period of three consecutive Academic years ending with the qualifying examination (copies of study certificates should be attached as proof).

Sl. No.	Class Studied	Academic year(s) (if you did not study in any year, state so, with reasons in the remarks column)	Name of the institution in which studied and the district in which it is situated.	Remarks
1.	SSC	2014 - 2015	K.Z.P.H. School Intur	
2.	Intermediate / equivalent	2016 - 2017	P.B.N. College	

10. EAMCET/ECET - 20 Rank, if any 65,344 Nidubrolu

DECLARATION BY THE CANDIDATE

I am aware that the allotment of admission is provisional and subject to ratification by Government. I declare that all the foregoing statements made in this application are true to the best of my knowledge. I accept that any statement made in this application if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled. I sincerely assure that, if admitted, I will strictly adhere to the rules and regulations that may be adopted by the University/Government from time to time and will abide by the rules of discipline of the college. I agree to abide by the decisions of the Principal of the college for any misconduct or misbehaviour or breach of rules by me during the entire period of my study.

Date: 31-08-2017  
 Place: Nara Sarpapet

*Sk. Gouse Basha*  
 Signature of the Candidate

DECLARATION BY THE PARENT OR GUARDIAN OF THE CANDIDATE

I certify that the particulars furnished above by my son/daughter/ward are true. I accept that any statement made in the application, if found incorrect on scrutiny, will render the application of my son/daughter/ward liable for rejection and the admission, if granted on the basis of such incorrect information will stand cancelled. I shall be responsible for his/her conduct, good behaviour and compliance with the rules in force from time to time during the entire period of his/her study. I promise to abide by any decision taken by the Principal for any misconduct or misbehaviour or breach of rules by my son/daughter/ward. I hereby declare that I agree to meet the expenses in the college of my son/daughter/ward during the entire period of his/her course. I shall also hold myself responsible and compensate for any damages caused by my son/daughter/ward to the college.

Date:  
 Place:

*Six. Soubh*  
 Signature of Parent or Guardian

The Candidate is admitted / Rejected

Principal

(For office use only)

PRINCIPAL  
 M.A.M. College of Pharmacy  
 KESANIPALLI (Po.), Narasarpapet (M.D.),  
 Guntur (Dt.), Pin : 522 601.