

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



# MEDARAMETLA ANJAMMA MASTAN RAO COLLEGE OF PHARMACY



Kesanupalli, Narasaraopet, Guntur (Dt), PIN – 522601.  
(Approved by PCI, New Delhi, Govt. of A.P & 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.)

1. Course applied for: 6-Years Pharm.D Course

Affix passport size  
photograph

2. NAME OF THE CANDIDATE:

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

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

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

PIN

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

PIN

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

Name:
Occupation:
Address:
Local Guardian if any, Address:

Relationship:

Phones: Father:

Mother:

Student:

Guardian:

6. CANDIDATE'S

Sex:

M  F

Date of birth:

(As per School Records) (Christian Era)

Aadhar No.

Nationality:

Do you belong to Andhra Pradesh State

YES  NO

Caste

Sub-caste

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


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			
2.	Intermediate / equivalent			

10. EAPCET/ECET – 20 Rank, if any

**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:  
Place:

*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

(For office use only)

Principal