VAAGDEVI COLLEGE OF PHARMACY

Ramnagar, Hanamkonda, Warangal-506 001. Affiliated to Kakatiya University and Approved by AICTE & PCI Phone No. +91-870-2455111, Fax: +91-870-2544949 E-mail:vaagdevipharmacy117@yahoo.com, Website :www.vaagdevipharmacy.com

APPLICATION FOR ADMISSION INTO B. PHARM/ PHARM.D/ P H A R M . D (P B)/ M.PHARM IYEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2021-		
2022.		
(For Office Use only) Receipt No: Date		Affix latest Passport size Colour photograph
Authorized Signatory		
 Name of the Applicant (in Block letters as per SSC) Date of Birth (dd/mm/yyyy) (As per SSC - Enclose Photocopy) Father's Name Mother's Name Address for Communication (with Pin Code)		
	N. 1 '1	NT
6. Telephone No. (with STD code) :	Mobile	No:
 7. a) Name of the qualifying examination b) Month and Year of passing c) Total Marks and percentage (%) (Enclose photocopy of certificate) d) Group subjects Group subjects (%) 8. Rank obtained in EAMCET -2021 (Enclose photocopy of Rank card) 	: 1 2	. 3.
9. Regn.fee Rs. D.D. No.	Date :	Bank & Branch :

DECLARATION

We declare that all the above statements made in this application are true. We accept that any statement made in the application, if found incorrect on scrutiny, will render the application liable fol rejection and admission, if granted on the basis of such incorrect information, v.rill stand cancelled.

Signature of the Applicant Date :

Signature of the Father / Mother / Guardian