



# SEVEN HILLS COLLEGE OF PHARMACY

Venkatramapuram ,Tirupati , Chittoor Dist., A.P- 517 561

(Approved by AICTE & PCI , New Delhi ; Recognized by A.P.Govt& Affiliated to JNT UA )

Ph: 08577 – 281460

Fax: 08577 – 281560

Admission No:

## APPLICATION FOR ADMISSION [ B.Pharmacy ]

(Please fill up the form in your OWN Hand Writing with Capital Letters)

1. Name of the Student :  
(As Per SSC Records)
2. Father's / Guardian's Name :  
a) Occupation / Designation :  
b) Annual Income From all sources :
3. Mother Name :
4. Date of Birth (DD/MM/YY) :  
(As Per SSC Records)
5. Gender :  Male  Female
6. Mother Tongue :  Telugu  English  Hindi
7. Nationality / Community :
8. Staying with :  Parents  Guardian  Hoste  Private
9. Present Address of the Parent/ Guardian : \_\_\_\_\_  
\_\_\_\_\_ Ph : \_\_\_\_\_
10. Permanent Parent Address : \_\_\_\_\_  
\_\_\_\_\_ Ph : \_\_\_\_\_
11. Are You a Local or Non-Local Candidate :
12. Caste Category : OC/BC-A/B/C/D/E /SC/ST
13. Educational Qualifications :

(a) Particulars of the Qualifying Examination

Board /Institute	Year of Passing	Division & Marks	Optional Subjects	Medium Study
			1. 2. 3. 4.	

(Affix Recent  
Passport  
Photograph here)

(a) EAMCET Particulars :

Year	Stream	Rank	Marks

14. Identification Marks (As per S.S.C.) :
- a) \_\_\_\_\_
- b) \_\_\_\_\_

15. **CERTIFICATES ENCLOSERS :**

- a)  Rank Card of EAMCET
- b)  Hall Ticket of EAMCET
- c)  SSC/ Matriculation of Equivalent
- d)  Inter Marks List
- e)  Provisional Certificate of Qualifying Exam
- f)  Transfer Certificate
- g)  Study Certificate
- h)  Caste Certificate
- i)  Income Certificate

Principal

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DECLARATION BY THE CANDIDATAE

I hereby furnish the undertaking that:

- I) I will be governed by the Rules and Regulations framed already or which would be framed in future with regard to the B.Pharmacy Degree Course.
- II) I will abide by the schemes of Instruction and Examinations, also Rules and Regulations in respect of attendance, passing percentage and percentages applicable to the award of division, etc., as applicable to the B.Pharmacy Course of Seven Hills College of Pharmacy.

I also declare that the statement made by me in this application are complete and correct. I have not suppressed any informations. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false.

Dated\_\_\_\_\_

Signature of the Candidate

DECLARATION TO BE SIGNED BY THE FATHER/ GUARDIAN

I agree to the applicant's admission to the B.Pharmacy Course at Seven Hills College of Pharmacy, Venkatramapuram. I shall responsible for the payment of all his/her fees and other charges. I shall be responsible for his/her conduct and good behavior during the period of his/her college career. I endorse that the information furnished by my son/ daughter /rd is true to the best of my knowledge.

Dated\_\_\_\_\_

Signature of the Father/ Guardian