



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 [Dept. of Pharmaceutical Technology]

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 Hostel 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

(Affix Recent
Passport
Photograph here)

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

(b) PGECET Details

Year	Stream	Rank	Marks

14. Identification Marks (As per S.S.C.) :
a) _____
b)

15. **CERTIFICATES ENCLOSERS :**

- a) Rank Card Of PGECET /GPAT
b) Hall Ticket Of PGECET /GPAT
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

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 M.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.

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Admission No:

APPLICATION FOR ADMISSION [Dept. of Pharmaceutics]

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b) Annual Income From all sources :

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APPLICATION FOR ADMISSION [Dept. of Pharmaceutical Analysis]

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Admission No:

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