



# VIGNAN PHARMACY COLLEGE VADLAMUDI

Year : 2016-17

## APPLICATION

### For Admission into M.Pharmacy Programme Under Management Quota

1. **Name of the Student** (as per SSC) : \_\_\_\_\_
2. **Sex** (M/F) : \_\_\_\_\_
3. **Date of Birth** (as per SSC) : \_\_\_\_\_
4. **Name of the Parent / Guardian** : \_\_\_\_\_
5. **Address for Communication** : \_\_\_\_\_

Affix Passport Size  
Photo

**Phone** : \_\_\_\_\_ **Mobile** : \_\_\_\_\_

6. **Permanent Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Academic details of the Student** (attach the copies of certificates) :

Class	Name of the Institution	Year of Pass	Aggrigate %	% of Marks in optinals

8. **Rank in the GPAT/PGECET** : \_\_\_\_\_
9. **Extra Curricular Activities** : \_\_\_\_\_
10. **Are you a student of Vignan Educational Institutions** : YES / NO
11. **If yes Name of Institution & Place** : \_\_\_\_\_
12. **Any other relevant Information** : \_\_\_\_\_

**Student's Undertaking** : I Shall abide by the rules and regulations of the college and also undertake not to indulge in any activity, which is restricted by the College.

**Signature of the Student**

**Parent's Undertaking** : I Shall Undertake the responsibility of good conduct and behaviour of my ward during his/her stay at the college and shall pay tuition and other fee as and when demanded by the college.

**Signature of the Parent**

**FOR OFFICE USE ONLY**

Date of admission :

Reg. No :

Category (SC/ST/BC/OC) :