



K.G.R.L COLLEGE OF PHARMACY

(Under the management of The Bhimavaram Education Society)
Affiliated to Andhra University, Approved by AICTE, Pharmacy council of India, New Delhi, APSCHE, Hyd.
Dirusumarru Road, BHIMAVARAM-534201 West Godavari Dist., A.P.,
Ph & Fax:08816-238828

Branch Admitted: _____ Admn No _____

Admission Under: A /B /Lateral Entry

1. Name in Block Letters as per SSC:

2. Date of Admission:

3. Name of the Father/Guardian:

4. Name of the Mother:

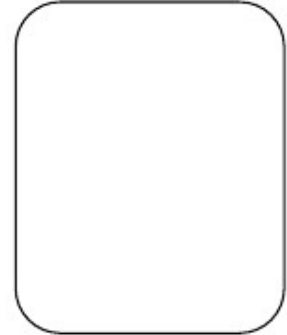
5. Date of Birth (As Per SSC):

6. Gender: Male / Female

7. Nationality:

8. Religion: Caste:

9. Address for Communication:



Present Address	Permanent Address
_____	_____
_____	_____
_____	_____
Pin: _____	Pin: _____
Parent Mobile No: _____	Parent Mobile No: _____
Landline No: _____	Landline No: _____
Email ID: _____	Email ID: _____

9. POLYCET/EAMCET/ICET/PGE CET/ECET Hall Ticket No: _____ Rank: _____

10. Personal identification Marks: 1.
(As given in SSC certificate)2.

11. Educational Details:

S.No	Class	Year of Passing	% marks	Board of Examination	Name of the Institute
1.	10 th Std/SSC				
2.	12 th Std./ 10+2				
3.	Diploma				
4.	UG				
5.	others				

Courses:

M.PHARM

- PHARMACEUTICAL ANALYSIS & QUALITY ASSURANCE
- PHARMACEUTICAL TECHNOLOGY
- INDUSTRIAL PHARMACY
- PHARMACEUTICS (DRUG REGULATORY AFFAIRS)

B.PHARM

- B.PHARMACY
- B.PHARMACY LATERAL ENTRY

Documents to be Submitted:

For A & B Category/ Lateral entry:

1. 10th/ SSC Certificate
2. 12th/Intermediate Certificate
3. Diploma Certificate
4. Degree Certificate
5. Transfer certificate
6. Caste Certificate
7. Migration certificate
8. Study cum conduct Certificate (VI to XII/ Diploma/UG)
9. 6 Recent passport size photographs
10. 2 sets of Xerox copies of all certificates

DECLARATION :

- I. I will not approach the competent authority for cancellation/refund of fee/transfer etc., under any circumstance after the fee is paid.
- II. I will not go ever for counseling for admission, since I have agreed to admit my son/Daughter in your college under Management. NRI quota.
- III. Either my-self or my son/daughter will not approach the college authorities for the return of original certificates (SSC Marks list, Study and Nativity certificates) etc., till my ward completes 4years B.Pharm Course/2years M.Pharm Course.
- IV. My ward will abide by the rules and regulation of the college till he/she complete the course
- V. We declare that the information furnished above is true and correct to the best of our knowledge and belief. We abide by the rules and regulations of the college prevailing from time to time.

Student Signature

signature of the Parent / Guardian

UNDERTAKING

I _____ studying
B.Pharm/M.Pharm at KGRP, Bhimavaram. Son/Daughter of _____
_____ Residing at _____

(permanent home address with phone number) undertake that I am aware of the system of punishment in case of ragging other student and that in case I become involved in any manner in any ragging case I am liable for any punishment including:

1. Cancellation of Admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship/ fellowship and other benefits.
4. Debarring from appearing for any test/ examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any national or international meet, tournament, youth festival etc.,
7. Suspension, expulsion from the hostel.
8. Rustication from the institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs. 50,0000/-
11. Rigorous imprisonment upto three years (by court of law) etc.

Place: Bhimavaram

Date:

Signature of the student



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Management Quota / B- Category Admission into I B.Pharm/M.Pharm

FEE PARTICULARS

Name:

Course:

Year	Tuition Fee	Admission & Spl. Fee	AU Fee	Placement Fee	Other Fee	Total
1st Year						
2nd Year						
3rd Year						
4th Year						

Signature:

Date:

Student

Parent

Vice-Chairman