



K.G.R.L. COLLEGE OF PHARMACY

Established Under the Management of The Bhimavaram Education Society

An ISO 21001 : 2018 Certified Institution
(Affiliated to Andhra University, Approved by PCI (New Delhi) and APSCHE, APSBTET (Amaravathi)
Academic Year : 202 - 202
K.G.R.L.Campus, BHIMAVARAM - 534 201, W.G.Dl.,

GAT A | B

Ph : 08816-238828

Admn.No.

APPLICATION FOR ADMISSION INTO B.PHARMACY (To be filled In by the Candidate In Block Letters only)



Hall Ticket No. : APEAPCET Rank :

Aadhar No. :

1. Name of the Applicant :

2. Father's/Guardian's Name :

3. Mother's Name :

4. Occupation of the Parent :

5. Date of Birth :

6. Male/Female :

7. Nationality / Religion : Indian / Hindu / Christian / Muslim/

8. Caste : Sub Caste

9. Annual Income of (Father/Guardian) :

10. Reservation Category :

11. Do you Claim reservation under any of the categories:
- a) Physically Challenged Person()
 - b) Children of Ex. Servicemen ()
 - c) N.C.C. ()
 - d) N.S.S. ()
 - e) Sports ()
 - f) EWS ()

12. a) Applicant's Address

.....
.....
.....
.....

Student Cell No.
e mail ID
Parent Cell No.....
Land Line

Pin Code.....

13. Educational Qualifications (Intermediate)

- i) Year of Passing of the Exam.:
- ii) Name of the B.I.E. :
- iii) Name of the College :
- iv) Medium of Instruction upto Inter : English / Telugu
- iv) Medium of Instruction : English / Telugu
- v) Percentage of Marks/CGPA
- Class Obtained :

Note : Enclose Marks Statements (X & Inter) T.C. & C.C.
(Original and Xerox Copies)

I,S/D/o.....

do hereby declare that the information given above is true to the best of my knowledge and I agree to comply with the rules of the college. If admitted, in the event of the information found to be false my admission may be summarily cancelled.

Station :

Date :

Signature of the Applicant

DECLARATION BY THE PARENT / GUARDIAN

I,S/D/o.....

do hereby undertake to ensure that my son/daughter/ward confirms to the disciplinary rules of the college from time to time and to be responsible for payment of all his/her college dues and other expenses / damages during his/her career in the college.

Station :

Date :

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Date of Admission

Admission No.

Documents Filed

Office Supdt.

Principal

Director

UNDERTAKING - I

To
The Principal
K.G.R.L. College of Pharmacy
Bhimavaram.

Sir,

I, APEAPCET Rank No.)

S/D/o., do hereby declare
that I shall pay the total amount of fee (Second, Third & Final Years) in case of discontinuation of my
Studies during the First Year.

Thanking you,

Yours faithfully,

Signature of the Student

Note : The fee reimbursement amount shall be settled at the end of each year for SC/ST/BC/ EBC/PC/Minority
Students.

UNDERTAKING - II

Date.....

I,
S/D/o..... admitted into B.Pharm Course
do hereby undertake that I shall not ask for my S.S.C / Intermediate Certificates from the College office
till completion of my course.

Further, I submit to state that I have kept sufficient number of Xerox copies of the above Certificates
for my use.

Signature of the Parent

Signature of the Student.

RECEIPT OF CERTIFICATES

NO.	DETAILS OF CERTIFICATES	ORIGINALS	XEROX COPIES
1.	Allotment Order		
2.	Joining Report		
3.	Hall Ticket		
4.	Rank Card		
5.	SSC Marks Memo		
6.	Inter Marks Memo		
7.	Inter T.C.		
8.	Inter Study Certificate		
9.	VI to X - Study Certificates		
10.	Income Certificate		
11.	Residence/Nativity Certificates		
12.	Caste Certificate		
13.	Ration Card Xerox Copy		
14.	Student Aadhar Card Xerox Copy		
15.	Aadhar Card Xerox Copies (Father & Mother)		
16.	Photographs (Latest) Colour - 6		
17.	Bank Pass Book Xerox (Student, Father & Mother)		
18.	Medical Fitness Certificate from a Registered Medical Practitioner (MBBS)		

Signature of the Candidate

Signature of the Verification Staff

Office Supdt.

Principal

Director