



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.

CAT A B

Ph : 08816-238828

Admn.No.

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



Hall Ticket No. : GPAT/PGE CET 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
.....
.....
.....
.....
Pln Code.....

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

13. Educational Qualifications (B.Pharmacy)

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

Note : Enclose Marks Statements (X, Inter & B.Pharmacy) 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,..... GPAT/PGECET Rank No.

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

Thanking you,

Yours faithfully,

Signature of the Student

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

UNDERTAKING - II

Date.....

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

admitted into M.Pharm Course with specialization Pharm. Analysis / Pharm. Technology / Regulatory
Affairs do hereby undertake that I shall not ask for my S.S.C / Intermediate / B.Pharm 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.	B.Pharmacy P.C.		
8.	B.Pharmacy Marks Lists		
9.	B.Pharmacy Study Certificate		
10.	B.Pharmacy T.C.		
11.	VI to Inter - Study Certificates		
12.	Income Certificate		
13.	Residence/Nativity Certificates		
14.	Caste Certificate		
15.	Ration Card Xerox Copy		
16.	Student Aadhar Card Xerox Copy		
17.	Parents Aadhar Card Xerox Copies		
18.	Photographs (Latest) Colour		
19.	Medical Fitness Certificate from a Registered Medical Practitioner (MBBS)		
20.	Bank Pass Book Xerox (Student, Father & Mother)		

Signature of the Candidate

Signature of the Verification Staff

Office Supdt.

Principal

Director