

# 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.Dt.,



**CAT A B**

Ph : 08816-238828

Admn.No.

## APPLICATION FOR ADMISSION INTO D.PHARMACY

(To be filled in by the Candidate in Block Letters only)

PHOTO

Inter Hall Ticket No. .... APSBTET 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
- 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, ..... (APDPHARM 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.

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 D.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.	Inter 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