

VAAGDEVI COLLEGE OF PHARMACY

Ramnagar, Hanamkondn, Warangal-506 001.

Affiliated to Kalutiyu University and Approved by UCTSI PCI

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APPLICATION FOR ADMISSION INTO B.PHARM/ PHARM.D/ PHARM.D (PB)/
M.PHARM 1 YEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2024-
2025.

(For Office Use only)

Receipt No:

Date

Affix latest
Passport size
Colour
photograph

Authorized Signatory

1. Name of the Applicant _____
(in Block letters as per SSC)
2. Date of Birth (dd/mm/yyyy) _____
(As per SSC - Enclose Photocopy)
3. Father's Name _____
4. Mother's Name _____
5. Address for Communication _____
(with Pin Code) _____

6. Telephone No. (with STD code) _____ Mobile No. _____
7. a) Name of the qualifying examination _____
b) Month and Year of passing _____
c) Total Marks and percentage (%) _____
(Enclose photocopy of certificate)
d) Group subjects 1 2 3
Group subjects (%) _____
8. Rank obtained in EAMCET -2024 _____
(Enclose photocopy of Rank card)
9. Regn.fee Rs. _____ DDNo. _____ Date _____ Bank & Branch _____

DECLARATION

We declare that all the above statement made in this application are true. We accept that any statement made in the application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

Signature of the Applicant
Date

Signature of the Father / Mother / Guardian