



SRI VASAVI INSTITUTE OF PHARMACEUTICAL SCIENCES

(Sponsored by Sri Vasavi Educational Society, Tadepalligudem)
(Approved by AICTE, PCI, New Delhi & affiliated to AU, Visakhapatnam)
 Pedatadepalli, TADEPALLIGUDEM – 534 101 W.G. Dist. (A.P.) INDIA.

Phone No.: 08818-284558
 Mobile No.: 94403 22016, 94400 72234

E-mail: svipscollege@yahoo.co.in
 Website: www.svips.ac.in

APPLICATION FORM FOR ADMISSION UNDER CATEGORY 'B' **(MANAGEMENT QUOTA) SEATS FOR THE YEAR 2018-19** **(B.PHARM. / M.PHARM. COURSES)**

Application Sl. No.		Seeking Admission in (Branch/Specialization) Put (✓) Mark in appropriate box		Affix your latest passport size colour photograph here
Registration Date		B.Pharm.		
		M.PHARM. (Pharmaceutics)		
Application Regn. Fee		M.Pharm. (Pharmacology)		
Receipt No. & Date		M.Pharm. (Pharm. Analysis & QA)		

1. Name of the Candidate (in block letters) :
2. Name of the Parent :
3. Date of Birth :
4. Nationality & Religion :
5. Gender : Male / Female
6. Residence : Andhra Pradesh / Other State / NRI
If other state, specify the state
If NRI, specify the country
7. Category (specify details) : SC / ST / BC-A / BC-B / BC-C / BC-D / BC-E / OC
8. Parent / Guardian Details :
Occupation: Annual Income:
9. Entrance Examination Details : **APEAMCET / GPAT / APPGECET / NIPER**
(Strikeout whichever is not applicable)

CET Name	Appeared (Yes/No)	Year	Hall Ticket No	Rank obtained
APEAMCET				
GPAT				
PGECET				
NIPER				
Other (if any)				

10. Details of Educational Qualifications

Examination	Year of Pass	Institution	Board/ University	% of marks in Aggregate	% of marks in Group	Class
SSC						
Inter (+2) / CBSE/ ICSE / Other State*						
Diploma						
Degree						
Other (if any)						

* in the event of the qualifying examination is from other states furnish the following

State:

Board/University:

Did you enclose the Equivalent Certificate from the Board of Intermediate Education, A.P., Hyd.? **Yes / No**

11. Correspondence Details

:

Address for Correspondence	Permanent Address
Pin Code:	Pin Code:
Telephone No. with STD Code:	Telephone No. with STD Code:
Mobile No.:	Mobile No.:
E-mail-ID :	

- Enclosures:**
- | | |
|---|----------|
| 1) Original DD for Application Registration Fee of Rs.1500/- | Yes / No |
| 2) Rank Card of APEAMCET-2018 / GPAT / APPGECET-2018 | Yes / No |
| 3) Hall Ticket of APEAMCET-2018 / GPAT / APPGECET-2018 | Yes / No |
| 4) Copy of SSC Pass Certificate as proof of Date of Birth | Yes / No |
| 5) Copy of Marks Memo of Qualifying Examination (Intermediate/Degree or its equivalent) | Yes / No |

DECLARATION

We hereby declare that the information furnished above is true and correct to the best of our knowledge. We also acknowledge that mere application for admission doesn't entitle us for any claim of admission. We understand that any information, if found false or incorrect on scrutiny of the application, our application is liable for rejection and admission if granted on the basis of such incorrect information will stand cancelled. Further, if admitted under 'B' category the same shall be deemed to be confirmed admission only upon receiving ratification from the competent authority.

I shall abide by the rules and regulations of the Anti Ragging Act and hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provision of the UGC/AICTE Regulations mentioned above and / or as per the law in force.

Signature of the Candidate.

Signature of the Parent/Guardian.

Name:

Name:

For Office Use only

Appln. Sl. No.

Course & Branch:

Date of Regn.:

Admission:

Granted / Not Granted

Admissions Clerk

Admn. Officer

PRINCIPAL.