

QIS College of Pharmacy

Affiliated to Jawaharlal Nehru Technological University (JNTU), Kakinada and approved by Pharmacy Council of India., New Delhi. Pondur Road, Vengamukkapalem, Ongole Prakasam District - 523272

ADMISSION FORM

| | F | TILL ALL T | HE COLOUMNS IN | CAPI | ΓAI | LETTER | RS | | |
|-----|-----------------------------------|---|---------------------|----------------------|---------------------|--------------------|------------------------------|-----------------------|-----------------|
| 1. | STUDENT'S NAME (As per SSC) | | | | | | | | |
| 2. | FATHER'S NAME | | | | | | | | Affix recent |
| 3. | MOTHER'S NAME | | | | | | | | port oto |
| 4. | SURNAME | | | | | | | | |
| 5. | RELIGION | | | | | | | | |
| 6. | FATHER OCCUPATION | | | | | STUDE | NT | | |
| 7. | CATEGORY | OC/BC/SC/S | T | | SIGNATURE → | | | | |
| 8. | D.O.B. | | | | 9. | Fee reimb Yes / | Fee reimbursement : Yes / No | | |
| 10. | | CLASS | BOARD / UNIVERSI TY | | | ALL TICKE No. | | Percentage / Grade | Year of Pass |
| | ACADEMIC DETAILS | 10 th | | _ | | | | | |
| | | Intermediate | | | | | | | |
| | | D.Pharm | | | | | | | |
| | | B.Pharm | | | | | | | |
| | ENTRANCE | | | | 1 | | | | |
| | EXAM: | APEAPCET/ECET/PGECET/GPAT | | | | RAN | NK: | | |
| 11. | COURSE OPTED | B.Pharm □ 12. Pharm-D □ Pharm-D,P.B□ M.Pharm □Specialization: | | DATE OF ADMISSION | | | | | |
| 13. | STUDENT'S MOBILE NO. | | _ | 14. | | ECIAL TEGORY | SPORTS/N | ISS/NCC/PH | |
| 15. | PARENT'S MOBILE NO. | (1) (2) | | 16. | STUDENT EMAIL ID | | | | |
| 17. | ADMISSION YEAR | | | 18. | | NUAL COME | | | |
| | | | | 20. | T | AME OF HE BANK | | | |
| 19. | ADHAAR NO. | | | 21. | | C NO & FSC CODE | | | |

| | | PERMANENT ADI | CORRESPONDENCE ADDRESS | | | | |
|------------|-----------------------------------|---|------------------------|--|-------------------------------|--|--|
| 22. | ADDRESS | | | | | | |
| 23. | PARENT / GUARDIAN SIGNATURE | | 24. | STUDENT SIGNATURE | | | |
| 25. | | ST OF ENCLOSURES: | | | | | |
| Sr. No. | | ginals and two attested copies cate/ Document | | each of the foll Received/Not received | owing certificates): Remarks | | |
| Α. | SSC/10 th Mark | s Memo | | | | | |
| В. | 12 th or Inter Ma | arks Memo | | | | | |
| C. | D/B Pharm Ma | rks Memo | | | | | |
| D. | Transfer Certifi | Fransfer Certificate | | | | | |
| Е. | Study Certifica | udy Certificates for the last 7 years | | | | | |
| F. | Residence Certificate | | | | | | |
| G. | Income Certific | cate | | | | | |
| Н. | Caste Certificate | | | | | | |
| I. | Aadhaar card co | opy | | | | | |
| J. | APEAPCET Hal | APEAPCET rank card: | | | | | |
| | <u> </u> | | | | | | |

| Name and signature of the authorized | |
|--------------------------------------|--|
| person | |

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DECLARATION OF THE STUDENT

- I. I certify that I am adhering to and agree by institute rules and regulations, including those relating to the curricula, syllabus, examination schedule, discipline, conduct, and other connected matters.
- II. I won't get involved in any strike, demonstrations, mass protects or bunk classes. I fully comprehend that the authorities may take disciplinary action against me for any violation or infraction of the institute rules and agreements.
- III. I have never been victim a criminal offense and no legal action has been brought against me.
- IV. I hereby certify that nothing in this firm has been concealed and that the information I provided is accurate to the best of my knowledge and belief.

| Date: | |
|----------------------|--|
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| | |
| Signature of student | |