

ANNAMACHARYA COLLEGE OF PHARMACY

AUTONOMOUS

No:

NEW BOYANAPALLI-516 126, RAJAMPET, ANNAMAYYA DIST, A.P Ph.: 9848998651/9912342118

(Accredited by NAAC with "A" Grade Bangalore, Accredited by NBA (UG Programme), New Delhi

Recognized u/s 2(f) & 12(B) of the UGC Act, 1956, New Delhi, Recognized Research Center, JNTUA, Anantapuramu,

Recognized by Govt. of. A.P., Affiliated : JNTUA, Anantapuramu, Approved by PCI, New Delhi.

Sponsored by ANNAMACHARYA EDUCATIONAL TRUST, RAJAMPET



Application form for Admission into
D.Pharm. /B.Pharm. / Pharm.D / M.Pharm /Pharm.D(P.B)

For the Academic Year: **2024 - 25**

Student
PHOTO

Admission Category: Category A-Convener Quota

EAPCET ECET PGECET GPAT

Category B-Management / NRI Quota

Father's
PHOTO

Mother's
PHOTO

1. **Name :** (In Block Letters: As per SSC).....

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2. **Date of Birth:** **Age:**..... **Blood Group:**

3. **Nationality:** **Religion:**

4. **Category/ Community Status:**

BC					SC	ST	OC	PH	Ex-Service	NCC	SPORTS
A	B	C	D	E			EWS				

5. **Father's Name:** **Occupation:**

6. **Mother's Name:** **Occupation:**

7. **Guardian's Name:** **Occupation:**

8. **Annual Income: Father's Rs.**..... **Mother's Rs**

10. (a) **Permanent Address** (b) **Address for Correspondence**

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(c) **Father Mobile No.:** (1) (2)

Mother Mobile No.: (1)..... (2)

Student Mobile No: (1) (2)

11. **Details of Qualifying Examination:**

Course	Board / University	Month & Year	% of Marks	Division / Class
S.S.C.				
Intermediate				
D.Pharmacy				
B.Pharmacy				
Particulars of EAPCET/ECET/GPAT/PGECET				
Hall Ticket No.	Marks Secured	Rank	Year	Remarks

10. Particulars of Courses for which admission is requested:

Course	Order of Priority/Specialization	
D. Pharmacy B. Pharmacy Pharm.D M. Pharmacy Pharm.D (P.B)	1.	
	2.	
	3.	
	4.	

11. Check list of Certificates to be submitted to the College:

S. No.	Certificate Name	Submitted	S. No.	Certificate Name	Submitted
1.	S.S.C.		8.	T.C.	
2.	Intermediate		9.	Study & Conduct	
3.	D. Pharm CMM& Provisional		10.	Income Certificate	
4.	B. Pharm CMM& Provisional		11.	Photo copies of student, mother & father Aadhaar	
5.	Rank Card		12.	Migration Certificate If, applicable	
6.	Hall Ticket		13.	Photos - 8	
7.	Caste Certificate		14.	Others if any	

FOR OFFICE USE ONLY

NAME OF THE STUDENT :

COURSE & BRANCH :

ROLL NO :

FEE PARTICULARS1. 1st year:4. 4th Year:2. 2nd Year:5. 5th Year :3. 3rd Year:6. 6th Year :**Description of Fee:**

S.No.	Particulars	Amount (Rs.)	Cash / D.D.	
1.	Admission Fee		D.D. No.:	
2.	Tuition Fee		Date :	
3.	J.N.T.U. Recognition Fee		Bank :	
4.	J.N.T.U. Infrastructure Fee		Receipt No:	
5.	Miscellaneous Fee			
TOTAL				

A.O/Supt**PRINCIPAL****SECRETARY**

DATE:

UNDERTAKING ON ANTI-RAGGING

We have noted the provisions of the Anti-Ragging Act and are aware of the serious consequences. We here by solemnly promise that we shall do everything possible to eliminate this menace from **Annamacharya College of Pharmacy (Autonomous), Rajampet** within and outside the College Premises.

Signature of the Parent/Guardian

Signature of the Candidate

Name:

Name :

UNDERTAKING FROM ON FEE RE-IMBURSEMENT STUDENT

IS/O, D/o
have been admitted into **Annamacharya College of Pharmacy(Autonomous),Rajampet**. I am aware that I shall be granted the fee Re-imburement from Social Welfare Department of A.P., if the Annual Income of my parents is less than Rs.1lakhs for OC/EBC; and Rs.2 lakhs for SC/ST/BC-E. I hereby undertake that in the event I am not granted the fee re-imburement due to whatever reason may be from Government. I shall pay the fees on my own failing which my hall ticket may be withheld.

Signature of the Parent/Guardian

Signature of the Candidate

Name:

Name :

UNDERTAKING ON DISCONTINUATION OF STUDY

I S/o D/o got admitted into D. Pharm /B. Pharm/Pharm. D/M. Pharm/Pharm. D(P.B) Course in branch at **Annamacharya College of Pharmacy(Autonomous), Rajampet.,** during the Academic Year 20... 20... . I am aware that if I discontinue my studies on whatever be the reason, I undertake to pay full amount of fee that would have been paid by me, had I continued to study my course up to completion. If I fail to pay the fee, my Original Certificates and Transfer certificate need not be issue to me. Further, the Institute can take any other action that I deems fit to recover fee due from me.

I have noted the subject matter of this undertaking and my ward will comply with it.

Signature of the Parent/Guardian

Signature of the Candidate

UNDERTAKING

I undertake the following:

1. I undertake not to bring the cell phones to the campus. I also understand that even if it is brought, it is liable to be confiscated by the authorities.
2. I am sufficiently cautioned against ragging and I am also given a copy of the Act preventing ragging and I am totally obeyed by that.
3. I undertake not to make noise/ to join in to the groups/ stand in the corridors.
4. I undertake to maintain the dress code with Identity cards with in the campus.
5. I undertake not to involve in any group activities against the institute in any aspects and if noticed, I am liable to be punished. (Boycott, strike and etc.).
6. I priory intimate my leave to the concerned authorities and I promise you that I never skip the college without intimation.
7. I strictly maintain the attendance more than 75%, to attend for the examinations.
8. I am aware that any damage caused to the Institute property, the charges will be recovered from the student and if the damage is caused by a general batch or group of students that will be recovered from all the students in the form of a common fine.
9. I undertake to accept any punishment fine laid by the college, if I violate any of the rules and regulations above.
10. I shall not leave the classes in between a session and I bind to the other disciplinary rules.
11. I am fully aware that I have to submit the laboratory record for the previous experiment and I will not be permitted to the next laboratory classes.

Countersigned by Parent:

Signature:

Name:

Signature of the Student:

Name:

Roll No:

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DECLARATION

I hereby confirm that the information furnished above is true to the best of my knowledge and belief and if found wrong, I will forfeit my admission. Further, I will abide by all the Rules and regulation of the college framed from time to time and also declare that I will not indulge in any activates in any manner which are detrimental to the objectives of the college in particular and the society at large.

Signature of the Parent/Guardian

Name:

Date:

Contact No. :

Address:

Signature of the Candidate

Name :

Remarks:

Note: Admission is subject to Govt.of A.P.'s orders issued time to time & approvals from affiliating or approval authorities.