

SERIAL NO.:

CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES

(Affiliated to Nagarjuna University & Approved by AICTE & PCI, New Delhi)

Chalapathi Nagar, Lam, Guntur-522 034

Ph.No. 0863-2524124, 2524125, Fax : 0863-2524123

Latest Colour
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APPLICATION FOR ADMISSION INTO I/IV B.PHARMACY COURSE

EAMCET Rank : Academic Year :

01. Name of the Student (IN BLOCK LETTERS, as per S.S.C. record)

02. e.mail I.D. of Student :

03. Identification Marks : (as per the S.S.C. record)

01 :

02 :

04. Date of Birth (as per the S.S.C. record) Nationality Religion

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05. Sex Height Weight Blood Group

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Category		O.C.	S.C.				S.T.	B.C.				Any Other
			A	B	C	D		A	B	C	D	
Category			Sports				Any other					
Local	Non-Local		NCC		PH							

06. Name of the Father / Guardian :

07. Parent Occupation and Annual Income :

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07. Permanent Address :

Pin :							
Ph. No. _____	Cell No. _____						
e-mail :							

08. Correspondence Address :

Pin :							
Ph. No. _____	Cell No. _____						
e-mail :							

10. Name of the Local Guardian & Address :

Pin :							
Ph. No. _____	Cell No. _____						
e-mail :							

11. Details of the Qualifying examination :

Name of the Examination	Name of the College / Board	Month & Year of Passing	Regd. No.		
Whether Passed in one attempt	Division	Over all Percentage	Group	Languages	Grand Total
			Max. Marks	Max. Marks	Max. Marks

12. Details of Education for the last 7 (Seven) years :

S.No.	Academic Year	Class Studied	Name of the School / College	Reasons for Break, if any
01.				
02.				
03.				
04.				
05.				
06.				
07.				

13. Extra Curricular activities if any : (Sports / NCC/ Games etc.)

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DECLARATION

I hereby solemnly and sincerely affirm that the statements made and information furnished by me in application form and also in all the enclosures herein submitted by me are true and correct. I have not suppressed any information should it however, be found that any information is fraudulent, incorrect, I realize that I am liable to criminal prosecution and also agree, to forgo my seat or dismissal from the college. I will put up not less than 75% of attendance of every year of study failing which I may not be allowed to continue the course of study. I further agree to obey the present rules and regulations of the Chalapathi Institute of Pharmaceutical Sciences, Chalapathi Nagar, Lam, Guntur and such other rules as may be passed by the college authorities from time to time.

I have gone through the rules and regulations that the courses are run in the college on self financing basis and therefore in the event of my discontinuance, I agree to pay the full fee for all the years of the course, unless otherwise the vacancy caused by my discontinuance is filled by another candidate and the college may retain my original certificates until the arrears are paid.

I further undertake that if any matter of indiscipline about my SON/DAUGHTER is reported I promise that I shall immediately attend before the College Authorities/Committee and extend my full co-operation in set righting the matters. In all the matters of indiscipline about my SON/DAUGHTER I agree to abide to whatever action the authorities of the college take, and I shall not dispute with the authorities of the college in any manner even if my SON/DAUGHTER is sent out of the College by giving away his/her T.C. nor shall I claim for any refund of the amounts paid to the college.

Place : _____

Date : _____

Signature of the Parent/Guardian_____
Signature of the Student

INSTRUCTIONS

- ☞ All the columns in the application form must be filled up by the candidate.
- ☞ The candidate should submit the original documents at the time of admission.
- ☞ All admissions are provisional and subject to rules and regulations of Acharya Nagarjuna University prescribed for Pharmacy course and rules and regulations as may be prescribed by Government of Andhra Pradesh from time to time. The admission of any candidate, even if made, will be cancelled if such admission is found to be made contrary to the referred rules and regulations at any time. In such cases, the candidate shall not have any claim whatsoever in any manner.
- ☞ Fee once paid shall not be refunded.
- ☞ Enclose the following copies of the certificates and mark the () Check list Column.

CHECK LIST

01.	EAMCET Hall Ticket.	
02.	EAMCET Rank Card.	
03.	Pass cum memorandum of marks of qualifying examination.	
04.	Certificate indicating date of Birth (SSC or its equivalent)	
05.	Study Certificate from 6th Class to intermediate	
06.	Residence certificate for a period of 7 years (in respect of candidates who have private study without institutionalized certificate	
07.	Integrated community certificate	
08.	Residence certificate of father or mother for a period of 10 years in AP, clearly specifying the years of residence from MRO in case of Non-locals to AP.	
09.	Certificate in respect of PH/NCC/SP/CAP claimant's from Medical Board constituted by Government.	
10.	20 Passport size and 5 Stamp Size Photographs	

OFFICE USE ONLY

Date of Admission : _____ **Admission Number :** _____

Fee Receipt No. : _____ **Dated :** _____

Total Original Certificates deposited. _____

Verified by : _____

Signature of Office Supdt.,

Signature of Principal