

Branch				
PGECET Rank		Category Seat		Academic Year

CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES
(AUTONOMOUS)



NAAC with "A" Grade, Affiliated to Nagarjuna University & Approved by AICTE & PCI,
New Delhi, Recognized by UGC Under Section 2(f) and 12B, NBA
Chalapathi Nagar, Lam Village, Tadikonda Mandal, Guntur District-522034,
Ph.No.0863-2524124, Mobile : 9440101685, E-mail Id : principalclpt@gmail.com



APPLICATION FOR ADMISSION INTO M.PHARMACY COURSE

01.	Name of the Student (IN BLOCK LETTERS, as per S.S.C. record)			
	<input type="text"/>			
02.	E.mail I.D. of Student :			
	<input type="text"/>			
03.	Identification Moles: (as per the S.S.C. record)			
	01.	<input type="text"/>		
	02.	<input type="text"/>		
04.	Date of Birth (as per the S.S.C record)	Nationality	Religion	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
05.	Male / Female	Height	Weight	Blood Group
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Local / Non-Local	Category	Sub-Caste	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
06.	Name of the Father / Guardian :			
	<input type="text"/>			
07.	Name of the Mother :			
	<input type="text"/>			
08.	Parent Occupation :	Annual Income		
	<input type="text"/>	<input type="text"/>		

09. Permanent Address

Correspondence Address

Pin :	Pin :

10. Mobile Numbers :

Father											
Mother											
Student											

11. Aadhaar Number (Student)

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12. Ration Card Number (Family)

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13. Details of the Qualifying Examination

Name of the Examination	
Name of the College/Board	
Year of Passing	
Regd.No.	
Grade / CGPA	

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

S.No.	Academic Year	Class Studied	Name of the School/College
01		6 th Class	
02		7 th Class	
03		8 th Class	
04		9 th Class	
05		10 th Class	
06		Intermediate	
07		B.Pharmacy	

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 80% 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 Programmes are run in the Institution 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 programme, unless otherwise the vacancy caused by my discontinuance is filled by another candidate.

I further undertake that if any matter of indiscipline including ragging 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 including ragging about my SON/DAUGHTER I agree to abide to whatever action the authorities of the Institute take, and I shall not dispute with the authorities of the Institute in any manner even if my SON/DAUGHTER is sent out of the Institute by giving away his/her T.C. nor shall I claim for any refund of the amounts paid to the Institution.

Signature of the Parent/Guardian

Signature of the Student

I N S T R U C T I O N S

- All the columns in the application form must be filled up by the candidates.
- 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 certificate and mark the Check list Column.

C H E C K L I S T

01.	PGECET / GPAT Hall Ticket	
02.	PGECET / GPAT 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 6 th Class to intermediate	
06.	Residence certificate for a period of 7 years (in respect of candidates who have private study without institutionalized certificate)	
07.	Caste Certificate	
08.	Certificate in respect of PH/NCC/SP/CAP claimant's from Medical Board Constituted by Government.	
09.	20 Passport size and 5 Stamp size photographs	

OFFICE USE ONLY

Date of Admission : _____ Admission Number: _____

Total Original Certificate deposited : _____ Verified by : _____

Signature of Office Supdt.,

Signature of Principal