

CARE COLLEGE OF PHARMACY

(Approved by AITE & PCI, New Delhi, Affilated to KU, Warangal; Recog. by Govt. of T.S. Vill: Oglapur Mdl: Damera, Dist: Warangal Rural - 506 006 (T.S.)

Latest Passport Size Colour Photograph attested by Principal

Ph: 8099703543

Course: B. Pharmacy

A	lmission No. :			Appeller of the reference in the stage of th		
1.	Full Name (In Block Letters)	:		(WF)		
2.	Father's / Guardian's Name	:				
3.	Mohter's Name	•				
	(i) Occupation / Designation	•				
	(ii) Annual Income (From all sources)	•				
		Date	Month Yes	ar Age		
4.	Date of Birth & Age	:				
5.	Place of Birth	:Town	Ma	dl		
		DistState				
6.	Permanent Address					
		:Mother Mobile				
				Mobile		
		: e-mail (Student)MobileMobile				
		44 (M42217) 1		e :		
7.	Address for Correspondence	:				
		·	Phone	9 :		
		:				
В.	Are you a Local or Non-Local Candidate	:	1	<u></u>		
9.	Community : Indicate whether SC/ST/BC-A/B/C/D (If so enclose a copy of the Certificate	ors Parameter		i e g		
	issued by the Revenue Authorites) Aadhar Card No.					
	Educational Qualifications					
	articulars of the Qualifying Exam			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
,,,,	Board / Institute	Year of Pasing	Division & Marks	Optional Subject		
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	Year	Stream	Rank	Marks		
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Academic Year	Class in which studied during the year (if did not study in any year state so and specify the reason in remarks column)		Name of the Institutions & Place	Remarks			
VI Class							
VII Class							
VIII Class	1			· · · · · · · · · · · · · · · · · · ·			
IX Class							
X Class			y programme in the second seco				
Intermediate (Junior/Senioir)		•					
13. Identificatio							
14. Certificate E		•••••					
1) Rank Card	d of EAMCET / E-CET		6) Study/Residence Certifica	te			
2) Hall Ticke	t of EAMCET / E-CET		7) Caste Certificate				
3) SSC/SSL0	C/Matriculation of Equivalent	П	8) Transfer Certificate	[-			
4) Memoran Examinati	dum of marks of qualifying		9) Income Certificate				
	al certificate of qualifying		10) Others				
Clerk				Principal			
	DECLARATIO	ON BY	THE CANDIDATE				
l hereby furnish t	he undertaking that :						
i) I will be gov regard to the	I will be governed by the Rules and Regulations framed already or which would be framed in future with regard to the B.Pharmacy Degree Course.						
passing per	rill abide by the schemes of instruction and examinations, rules and regulatuions in respect of attendance, issing percentage and percentages applicable to the award of divisioin, etc., as applicable to the D/B/Pharmacy course of Care College of Pharmacy.						
pressed any	the state of the s						
Date			Signa	ature of the Candidate			
<u>D</u> E	CLARATION TO BE	SIGNED	BY THE FATHER / GUAI	<u>RDIAN</u>			
responsible for th	e payment of all his fees and o of his/her college carrer. I end	other charg	acy at Care College of Pharma es. I shall be responsible for his/ the information furnished by my	her conduct and good			
Date		. '.	Signature o	of the Father/Guardian			