



SHADAN WOMEN'S COLLEGE OF PHARMACY

(Self Financed Muslim Minority Institution)
 Established by Shadan Educational Society, Peerancheru,
 Himayathsagar Road, Hyderabad - 500 008 A.P. Ph : 24018012.

Approved by the All India Council for
 Technical Education, New Delhi,
 Affiliated to the JNTU, Permitted by Govt. of A.P.

APPLICATION FORM (M. PHARMACY)

APPLICATION FORM No.:

REGISTRATION No.:

Admission Card No :-

PGECET / GATE DETAILS		B. PHARMACY OR EQUIVALENT
H.T.No. <input type="text"/>	Marks Secured <input type="text"/>	B. Pharmacy Percentage <input type="text"/>
Maxi. Marks. <input type="text"/>	Rank <input type="text"/>	Groups Percentage <input type="text"/>

GROUP	MPC	FOR OFFICE USE	LATEST PHOTO
	BPC		
		Branch Admitted in M. Pharmacy	
		<input type="text"/>	

1. NAME OF THE CANDIDATE (AS IN SSC/EQUIVALENT) IN BLOCK LETTERS :

2. NAME OF THE FATHER :

3. NAME OF THE MOTHER :

4. DATE OF BIRTH (DD/MM/YY) (AS IN SSC/EQUIVALENT) : DD MM YY

5. GENDER M F 6. MOTHER TONGUE

7. PLACE OF BIRTH : COUNTRY STATE CITY/TOWN

8. ADDRESS FOR COMMUNICATION & PHONE No. : _____

9. PERMANENT ADDRESS : _____

E-MAIL : _____

10. Identification Marks 1.
2.

11. Religion 12. Community 13. Category

14. MENTION NAME, ADDRESS & TELEPHONE(S) OF AT LEAST TWO REFREES

1. _____

2. _____

15. DETAILS OF FATHER / GUARDIAN

A. Name : _____
B. Relationship : _____
C. Educational Qualification : _____
D. Name of Organisation/work place : _____
E. Designation : _____
F. Total Annual Income : _____
(from all sources)

16. DETAILS OF MOTHER / GUARDIAN

A. Name : _____
B. Relationship : _____
C. Educational Qualification : _____
D. Name of Organisation/work place : _____
E. Designation : _____
F. Total Annual Income : _____
(from all sources)

17. FURNISH THE DETAILS OF ALL BROTHERS/SISTERS (Own)

	NAME	QUALIFICATION
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

18. DETAILS OF ACADEMICS

CLASS	SCHOOL/COLLEGE ATTENDED PLACE	YEAR OF PASSING	DIVISION OBTAINED	MARKS SECURED	DATE OF JOINING	DATE OF LEAVING	DURATION OF STUDY
B. Pharmacy							
INTER/XII							
S.S.C. or EQUIVALENT							
IX							
VIII							
VII							
I to VI							

19. MARKS OBTAINED IN B.TECH (4 Years)

SUBJECT	MARKS SECURED	MAX MARKS	PERCENTAGE
TOTAL			

Year of passing B. PHARMACY Year of passing X th Class

Year of passing XII th Class

Passed in 1st attempt Instant Compartmental

NOTE :

1. All entries should be in the candidate's own handwriting (in English) and the candidate would be held personally responsible for any incorrect entries that he/she makes
2. The application forms which are incomplete and do not have relevant certificates are liable to be rejected.
3. After admission, if it is found that any of the statements made in this application are incorrect or false, the college reserves the right to cancel the admission outrightly, and NO REFUND OF FEES shall be made.
4. Candidates who have passed Intermediate or its equivalent examinations only are eligible for the admission into the four years Engineering Course.
5. Candidate should put in a minimum of 90% attendance in each subject, failing which he/she will not be allowed to appear for the University Examination.
6. Medium of Instruction : ENGLISH only.
7. No application will be considered complete, if any information is not provided or found incorrect.

Enclosures :

1. PGECET / GATE. Hall Ticket & Rank Card.
2. S.S.C. Memo, Intermediate Memo & B. Pharmacy Memo.
3. Transfer Certificate / Migration Certificate.
4. Bonafide certificate from I to X , 2nd Intermediate & 4yrs B. Pharmacy.
5. 3 Photographs.

(DECLARATION BY THE APPLICANT)

I declare that all particulars furnished above are correct. I know that this is a minority Institution, and admission in this College is subject to the conditions laid down by Educational Society. If any of my statements are found incorrect on scrutiny, my application may be rejected and admission may be cancelled at any time during the course of study. I have not suppressed any information. I shall abide by the decision of the management of Educational Society. I am also aware that no refund of fees is made on cancellation of my admission or seeking admission else where. Also on my discontinuance at any time during the Course of study I shall pay the balance fees for the remaining years, I shall complete my Course in the prescribed time otherwise I shall pay the fees for additional instruction time.

Date :

Signature of the Candidate

(DECLARATION BY FATHER / GUARDIAN)

I agree to this applicant's admission to the M. Pharmacy Course of the University and I shall be responsible for the payment of her/his fees and other charges. I shall be responsible for her/his conduct and good behavior during the period of her/his college career. I shall not demand for the refund of fees paid by me at any time, and agree to this declaration by the applicant. In case, I seek for her/his transfer to any other college, I shall pay the fees for the remaining years of study.

Place :

Date :

Signature of Father / Guardian