



SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES

Ramananda Nagar, Post: S.L.B.C., Nalgonda – 508 004.

Approved by AICTE, New Delhi, Affiliated to J.N.T. University, Hyderabad

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**Application for admission into the B.Pharmacy Course under category 'B'
seats for the academic year 2014-15**

Date of payment	
Amount in Rs	

Affix Latest
Passport size
photo

Name of the Applicant _____
(In block letters as per SSC)

Father's Name _____

Date of Birth (dd-mm-yyyy) _____ Category OC / SC / ST / BC (A / B / C / D / E)
(As per SSC)

JEE Main / EAMCET-2014 Rank _____ H.T.No. _____ Gender: Male / Female

Nationality _____ Religion _____ State _____

Address for Correspondence _____
(with Pin Code)

Mandal /Town _____ Dist _____

State _____ Pin code _____

Telephone (with STD code) _____ Cell phone _____

Email Address _____

Examination	Year of Passing	Institution Attended	Board/ Univ.	Marks Obtained	% of Marks	Class/ Grade
SSC / CBSE						
Inter/10+2						

DECLARATION

We declare that all the particulars given above are true to the best of our knowledge. We understand that any particulars given in the application, if found incorrect on scrutiny, will render the application liable to be rejected and admission granted on the basis of such incorrect information will stand cancelled.

(Signature of the Applicant)

(Signature of the Father/Mother/Guardian)

(Name in block letters)

(Name in block letters)