



SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES

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

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

Ph:- 08682 – 230273 Fax:- 08682-230274 Mobile:9703063888

E-Mail:srtipnalgonda@gmail.com Website: www.srtips.co.in

**Application for admission into the M.Pharmacy (Pharmacology) Course under category
'B' seats for the Academic Year 2017-18**

Name of the Applicant _____

(In block letters as per SSC)

Father's Name _____

Mother's Name _____

Aadhar No _____

Affix Latest
Passport size
Color
photograph

Whether belongs to NRI Quota (Yes / No)

Gender: Male / Female

Date of Birth as per SSC _____

State to which candidate belongs to _____ Community (SC/ST/BC/OC) with sub-caste _____

TSPGECT / GPAT2017 Hall Ticket No _____ TSPGECT / GPAT2017 Rank _____

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

Address for Correspondence _____
(with Pin Code) _____

Mandal /Town _____ Dist _____

Mobile No. _____

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)