



RATNAM INSTITUTE OF PHARMACY

Pidathapolur (V & P), Muthukur (M), SPSR Nellore District – 524 346 (A.P.)

Approved by AICTE, Pharmacy Council of India (PCI), New Delhi, & Govt. of Andhra Pradesh

Affiliated to Jawaharlal Nehru Technological University Anantapur, Anantapuramu

ADMISSION FORM

IMPORTANT INSTRUCTION TO FILL UP THE APPLICATION

1. WRITE IN BLOCK CAPITALS AND USE DARK BLACK BALL POINT / GEL PEN ONLY.
2. LEAVE A BLANK SPACE BETWEEN WORDS.
3. BEFORE FILLING UP THE FORM, GO THROUGH THE PROSPECTUS, RULES & REGULATION CAREFULLY.
4. SCRIBBLING / OVERWRITING / USING WHITE FLUID IS NOT ALLOWED.
5. DO NOT USE PREFIXES LIKE / SRI / SMT / MR. / MRS. BEFORE NAME / FATHER'S NAME / MOTHER'S NAME.

Affix a recent
passport size
photograph

B.Pharmacy

M.Pharmacy

Pharmaceutical Analysis
Pharmacology

Pharmaceutics
Pharmacy Practice

Pharm. D

Pharm. D (PB)

Ph. D (Pharmaceutical Sciences)

1. Name of Candidate: _____

Aadhar number of the Candidate: _____

Mobile Number: _____ Email ID: _____

2. Father's Name: _____ Occupation: _____

Office Address: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____ Aadhar No: _____

3. Mother's Name: _____ Occupation: _____

Office Address: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____ Aadhar No: _____

4. Date of Birth (DD/MM/YYYY): _____ 5. Nationality (Indian/Others): _____

6. Full Postal Address for Correspondence: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____

7. Permanent Address: _____

_____ Pin Code: _____

8. Sex (M/F): _____ 9. Marital Status (M-Married / U-Unmarried): _____

10. Category (GE-General / SC - Scheduled Caste / ST - Scheduled Tribe / OBC - Backward & Other Backward Class/ PHC-Handicapped): _____ Sub Caste: _____

(For SC/ST/OBC/PHC attach attested Photocopies of Certificate as Applicable)

10a. Caste Certificate (Mee Seva) Number: _____

11. White Ration Card Number / Income Certificate (Mee Seva) Number : _____

11. Particulars of Qualifying Examination from High School onwards:

Examination	Board/University	Year of Passing	Roll No.	Total Marks Obtained and Percentage (%)	Total Marks and Percentage Obtained in group Subjects (%)

12. Details of EAMCET / PGECET Result (Optional):

EAMCET Hall Ticket No.	Marks Obtained	Merit Rank

13. Student's Bank Account Details:

Bank Account Holder Name:	
Bank Account Number:	
Bank Name with IFSC Code:	
Branch Name:	

Note: If the Student is eligible for TFR, Fill 10a, 11 and 13 compulsorily

DECLARATION BY THE CANDIDATE

I S/D/ohereby declare that the above mentioned information is correct to my knowledge and belief. Any discrepancy found any time during the course of studies, my admission may be cancelled.

Place:

Date:

(Signature of Candidate)

(Signature of Parent/Guardian)