



SRIKRUPA INSTITUTE OF PHARMACEUTICAL SCIENCES

Vill: Velkatta, Mdl: Kondapak, RD: Siddipet, Dist: Medak, Pin: 502 277.

Affiliated to Osmania University and Approved by AICTE & PCI, New Delhi

Phone No. 08457-210866, Mobile: 9866686758

E-mail: skips04@yahoo.co.in Website: www.srikrupaips.com

Application for Admission into B.Pharmacy I Year under Category-B (NRI / Management Quota) seats for the academic year 2009-10.

For Office use only
Received on _____
Registration No. _____
Authorised Signatory

Affix latest Passport Size Colour photograph

1. Name of the Applicant : _____
(in Block letters as per SSC)

2. Date of Birth : _____
(As per SSC – Enclose Photocopy)

Date	--	Month	--	Year
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3. Parent/Guardian Name : _____

4. Permanent Address : _____

5. Address for Correspondence : _____

6. Telephone No. (With STD code) : _____ Mobile No. _____

7. a) Name of the Qualifying Examination :

b) Month and Year of Passing:

c) Total Marks and Percentage (%) :
(Enclose photocopy of certificate)

Group Marks and
Percentage (%) :

8. Rank in EAMCET – 2009:
(Enclose photocopy of Rank card)

9. Registration Fee Particulars:

D.D.No.	Date	Amount	Name of the Bank/Branch

10. (a) Nationality & Religion :

(b) Do you belong to Andhra Pradesh : Yes / No

(c) If 'No'; mention the State to which you belong :

(d) Place of Birth, Particulars:

	Village	Mandal	District	State
i). Candidate				
ii). Father / Mother				

11. Whether you belong to

OC		BC		SC		ST	
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(Tick appropriate box)

12. Particulars of Parent/Guardian:

(Guardian only if parent is not alive)

a. Name :

b. Relationship with the Candidate :

c. Profession and Designation (if any):

d. Annual Income from all sources :

DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I declare that all the foregoing statements made in this application are true. I accept that any statement made in this application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

Signature of the Parent/Guardian

Signature of the Candidate

Date:

Date :

Place :

Place :

Note:

1. Application Fee Rs.500/- only to be paid in cash/DD in favour of Principal, Srikrupa Institute of Pharmaceutical Sciences, payable at Siddipet.
2. The filled in application should be submitted to the concerned office along with application fee on or before 10-09-2009. Incomplete applications will be summarily rejected.
3. Candidates are instructed to be very careful about the entries to be made. All entries should be in candidate's own hand writing and the candidate will be held responsible for any incorrect entry that he /she makes.