



RAGHU COLLEGE OF PHARMACY

Approved by AICTE, PCI, New Delhi & Affiliated to AU. Visakhapatnam
Dakamarri, Bheemunipatnam mandalam, Visakhapatnam 531162

Application No

REGISTRATION FORM

For Admission to
B.Pharmacy / M.Pharmacy
Under Management Quota (“B” Category Seats)
(Academic Year 2016 -17)

Recent
Passport Size
Photograph

Please Tick Mark in the appropriate box for the course you are applying for

B. Pharmacy

M.Pharmacy 1. Pharmaceutical Analysis & Quality Assurance

2. Pharmaceutical Technology

1. Name of the Candidate :
(As per 10th Class Certificate)

2. Gender : Male / Female

3. Father's Name :

4. Mother's Name :

5. Date of Birth :

6. Correspondence Address :

7. Permanent Address :

8. Mobile Number :

9. Land line Number :

10. Email. Id :

11. Religion :

12. Nationality :

13. Mother Tongue :

14. Category :

Parent / Guardian Details

15. Name :

16 Designation :

17. Annual Income :

18. Mobile Number :

19. Land Line Number :

20. Details of Educational Qualifications

Course	Year of Passing	Institution	Board/ University	Marks Obtained	% of Marks	Class
10 th Class						
Inter/ CBSE/ Other State exams						
Diploma						
B. Pharmacy						
PG						
Any other						

➤ In the event of the qualifying examination is from other states furnish the following

State:

Affiliated to:

Did you enclose equivalent certificate from Board of Intermediate Education?

Yes / No

21. Details of qualifying entrance examination(s)

Entrance Test	Appeared Yes / No	Year	Hall Ticket No	Rank
EAMCET				
AIEEE (JEE – Main)				
PGEET				
GPAT				

22. Indicate Category by putting tick mark in the appropriate box

OC	BC-A	BC-B	BC-C	BC - D	BC – E	SC	ST	EBC	OBC	Minority

DECLARATION

I undertake to state that the information furnished is true to the best of my knowledge. I also acknowledge that mere applying for admission doesn't entitle me for any claim of admission. Further, if admitted under 'B' category the same shall be deemed to be confirmed admission only upon receiving ratification from statutory bodies like APSCH /AU / State Technical Board.

Signature of the Candidate

Name:

Date:

Signature of the Parent/Guardian

Name:

Date:

FOR OFFICE USE ONLY

Admitted	
Not Admitted	

ADMISSION CLERK

PRINCIPAL