**Application for Admission in to B.Pharmacy 1st Year Category - B (Non NRI) 2024-25**

Name of the Student :

Parent Name :

Parent Occupation : Caste :

Gender : Male/Female Date of Birth:

Mobile Numbers : Student - Parent -

Email Id :

Address :

Course : B.Pharmacy

**Academic Details**

SSC or Equivalent Hall Ticket No : Board : Marks :

Inter or Equivalent Hall Ticket No : Board : Marks :

Inter Month & Year of Passing :

EAPCET Rank : Hall Ticket Number:

JEE (Percentile) : Hall Ticket Number:

Signature of the Student Signature of the Parent

Place : Date: