



ADITYA COLLEGE OF PHARMACY

Approved by AICTE & PCI Affiliated to JNTUK

ADITYA NAGAR, ADB ROAD, SURAMPALEM - 533 437, E.G. DIST., A.P.

APPLICATION FOR ADMISSION

Passport Size
Photograph
(Colour)

Regd. No.

Admin. No : Date:

Admitted Category : CQ MQ Spot FN LE

Rank : H.T. No.:

Course : Specilization :

I. PROFILE (As per X Class)

1. Name :

2. Date of birth :

3. Gender : Male Female

4. Student E-mail ID :

5. Father's Name :

a) Occupation :

b) Father E-mail ID :

c) Mobile No. :

6. Mother's Name :

7. Permanent Address :

a) House No. / D.No. :

b) Street :

c) Location :

d) City / Town / Village :

e) PIN / ZIP Code :

f) District :

g) State :

h) Country :

i) Land line No. with STD Code :

j) Mobile No. :

8. Religion :

9. a) Caste : OC BC - A B C D E SC ST

b) Sub Caste Name :

10. Whether Physically Handicapped : YES NO
11. Mother Tongue :
12. Aadhar Card No. :

II LOCAL GUARDIAN

- a) Name of the Guardian :
- b) Occupation :
- c) Mobile No. :
- d) Student Relationship with Guardian :
- e) E-mail ID :

III ADDRESS FOR COMMUNICATION

(IF DIFFERS TO PERMANENT ADDRESS) :

- a) House No. / D.No. :
- b) Street :
- c) Location :
- d) City / Town / Village :
- e) PIN / ZIP Code :
- f) District :
- g) State :
- h) Country :
- i) Land line No. with STD Code :

IV PREVIOUS ACADEMIC DETAILS

- a) Academic :

Course	School / College	Medium	Board	State / Country	Year of Passing	Marks Obtained	Total Marks	Pass %	Class / Divin.
SSC									
INTER									
D.PHARMACY									
B.PHARMACY ()									

**Intermediate
Group Marks:**

Biology/Mathematics: Physics: Chemistry:

Total Group Marks : Marks Obtained in Group :

- b) Student ID Marks as per SSC 1) :
2) :

V HEALTH RECORD

- a) Blood Group : A B AB O +ve -ve

- b) Other medical problems :

SELF DECLARATION :

I hereby declare that the particulars furnished are true to the best of my knowledge and I did not suppress any relevant information. I am aware that my admission is liable for cancellation, if, at a later stage, it is established that I suppressed any relevant information. I further declare that I am aware of the University rule that a minimum attendance of **75%** is required to sit for University Examination and I will abide by the above University rule and all rules and regulations stipulated by the Institute from time to time.

Signature of the Student

I hereby undertake that if my ward is admitted, I will ensure that he / she will observe all rules and regulations of the Institute and, will pursue his / her studies regularly and with all seriousness. I further undertake that I will pay all the prescribe fees well in time and I will financially support my ward during his / her years of study at the Institute. I am also aware of the University rule that my ward should put in a minimum attendance of **75%** to sit for the University Examination and I assure you that we will abide by the University rule.

Signature of the Parent

UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, studying
..... (year) B.Pharmacy. / M.Pharmacy / Pharm.D / Pharm.D (PB) Course, Son / Daugh-
ter of
Ph:

Undertake that I am aware of the meaning of ‘Ragging’ as defined by supreme Court, that “Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indisciplined activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student”.

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Parent / Guardian

Signature of the Student

Station :

Date :

SWORN AFFIDAVIT

I S/o, D/o.
 aged years, residing at
 do hereby
 solemnly and sincerely affirm and state as follow:

I have been admitted in the Course of Specilization of
Aditya College of Pharmacy, Surampalem.

I understand that once a seat is allotted by the Convener/Management/Spot Admission/
 Foreign Nationals and if I withdraw from the college or opts for leaving the college for any
 reason whatsoever once the admission formalities are completed and closed the seat has to be
 kept vacant throughout the subsequent years also as per AICTE and APSCHE (Govt. of AP)
 directives. I very much appreciate that if that sort of situation arises because of me the college
 will be sustaining financial loss to the extent of the Tuition fee payable for remaining pursued
 years of study. Hence I hereby expressly agree to affirm that the tuition fees and other charges
 will be paid by me in the eventuality of my discontinuation of studies for whatever reason and
 only then I shall seek for return of my original certificates.

I am giving this undertaking / affidavit of my free will and volition voluntarily and under
 no coercion, or duress, as I very much appreciate the position of the College.

Deponent

I understand fully well all the above affidavit statement that my ward has given above
 and I also hereby state that I will abide by each and every statement given in this affidavit by
 my ward.

Parent

CHECK LIST

Please (✓) mark in the relevant box

	<u>Original</u>	<u>Xerox</u>		<u>Original</u>	<u>Xerox</u>
1) Allotment Order	: <input type="checkbox"/>	<input type="checkbox"/>	12) Transfer Certificate	: <input type="checkbox"/>	<input type="checkbox"/>
2) Joining Report	: <input type="checkbox"/>	<input type="checkbox"/>	13) Study Certificates	: <input type="checkbox"/>	<input type="checkbox"/>
3) Fee Receipt	: <input type="checkbox"/>	<input type="checkbox"/>	(Inter, Degree, PG)		
4) Hall - Ticket	: <input type="checkbox"/>	<input type="checkbox"/>	14) Passport Size Photos	: <input type="checkbox"/>	<input type="checkbox"/>
5) Rank Card	: <input type="checkbox"/>	<input type="checkbox"/>	15) Aadhar Card	: <input type="checkbox"/>	<input type="checkbox"/>
6) SSC/X Class (CBSE/ICSE & Other Board) MM & Pass Certificate	: <input type="checkbox"/>	<input type="checkbox"/>	16) Migration Certificate	: <input type="checkbox"/>	<input type="checkbox"/>
7) Inter/XII Class (CBSE/ICSE & Other Board) MM & Pass Certificate	: <input type="checkbox"/>	<input type="checkbox"/>	17) Citizenship Card	: <input type="checkbox"/>	<input type="checkbox"/>
8) Bridge Course MM	: <input type="checkbox"/>	<input type="checkbox"/>	18) Passport	: <input type="checkbox"/>	<input type="checkbox"/>
9) Diploma (MM/CMM & P.C.):	: <input type="checkbox"/>	<input type="checkbox"/>	19) Medical Certificate	: <input type="checkbox"/>	<input type="checkbox"/>
10) Degree (P.C. / OD)	: <input type="checkbox"/>	<input type="checkbox"/>	20) NOC from Embassy	: <input type="checkbox"/>	<input type="checkbox"/>
11) Degree (MM / CMM)	: <input type="checkbox"/>	<input type="checkbox"/>	21) Blood Group Certificate	: <input type="checkbox"/>	<input type="checkbox"/>

For office use only

Remarks :

Date :

Signature of the A.O.