**SSJ COLLEGE OF PHARMACY**

**Approved by AICTE, PCI, New Delhi&Affiliated to: JNTU, Hyderabad**

**Vattinagulapally, Gandipet, Hyderabad-500 107.**

**Phone No. 9948267879, 9951166588, Website:** [**www.ssjpharmacy.com**](http://www.ssjpharmacy.com)**,**

**E-mail:ssjcollegeofpharmacy@gmail.com**

**Sponsored by SRIDEVI EDUCATIONAL SOCIETY**

**Application seeking admission to category B seats ( i.e. management seats ) in**

**B.Pharmacy / M.Pharmacy course for the academic year 2023-2024**

**(For Office Use only) Affix latest**

 **Passport size**

**Receipt No:……………… Colour**

 **Photograph**

**Date:……………………….**

**Authorized Signatory**

**1. Name of the Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(in Block letters as per SSC)**

**2. Date of Birth (dd/mm/yyyy) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(As per SSC)**

**3. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Address for Correspondence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.Telephone No.(with STD code) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Rank in EAMCET-2020 or : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Rank in GPAT/PGECET(forM.Pharmacy)**

**10. Marks in Intermediate (10+2) or : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Marks in B.Pharmacy**

**DECLARATION**

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

**Signature of the Applicant Signature of the Father/ Mother / Guardian**

**Date:**

**Note: Application Fee Rs.1000/-.**