



MALLA REDDY INSTITUTE OF PHARMACEUTICAL SCIENCES

Maisammaguda, Dhulapally, Kompally, Secunderabad-500100

Application for admission into Category B seats of B.Pharmacy course for the academic year 2015 - 2016

1. Name of the Applicant
(in Block letters as per SSC) : _____
2. Date of Birth (dd-mm-yyyy) : _____
(As per SSC - Enclose Photocopy)
3. Father's Name : _____
4. Religion & : _____
5. Gender : _____
6. Category : General / BC/SC /ST/Minority/Others (please specify)____
7. Address for Communication : _____
(With Pin Code) _____

8. Contact No.s : _____
9. E -mail ID : _____
10. a) Name of the qualifying examination & Hall Ticket No. _____
b) State from which the candidate passed
the qualifying examination : _____
c) Month and Year of passing : _____
d) Total Marks & Marks percentage / CGPA : _____
(Enclose Photocopy of certificate)
11. Marks & Rank in EAMCET - 2014 : _____
(Enclose photocopy of Rank card)
12. Do you belong to NRI quota : Yes / No _____
(If yes enclose documentary evidence)
13. Application / Registration fee (Rs.1,000/-) : Cash/D.D _____ . D.D. No. _____
D.D. Date: _____ Bank & Branch: _____

Affix latest
passport size
colour
photograph

DECLARATION

We hereby declare that all the information furnished above is true to the best of our knowledge. We are aware and give you undertaking that our application form can summarily be rejected if any information provided is false or misrepresented.

Date:

Signature of the Applicant

FOR OFFICE USE		
Application No. _____	Date. _____	Course Applied _____
Name of the Candidate _____		
D.D. No. _____	Amount _____	Date _____

ACKNOWLEDGEMENT

Application No. _____	Date. _____	Course Applied _____
Name of the Candidate _____		
D.D. No. _____	Amount _____	Date _____