



UNITY

COLLEGE OF PHARMACY

(Approved by Telangana State Government
AICTE, PCI New Delhi & Affiliated to JNTU, Hyderabad)
Raigir (V), Bhongir (M), Yadadri Bhuvanagiri Dist.



ADMISSION FORM

Admission No: _____

1. Full Name (In Block Letters) : _____
2. Father's Name (In Block Letters) : _____
Occupation : _____
Annual Income : _____
3. Mother's Name : _____
4. Gender : Male Female
5. Date of Birth :

D	D	M	M	Y	Y	Y	Y
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6. Caste : OC / BC / SC / ST / Minority
7. Sub Caste : _____
8. Nationality & Religion : _____ & _____
9. Special Category : _____
10. Identification Marks : 1. _____
2. _____
11. Email Id : _____
12. Phone No : 1. _____ 2. _____

PHOTO

Academic Details

13. Qualifying Exam / Course : _____
14. Month & Year of Passed : _____
15. H.T No : _____
16. Medium : _____
17. Max. Marks : _____
18. Secured Marks : _____
19. % of Marks with Division : _____
20. EAMCET/PGECET H.T.No. : _____
21. EAMCET/PGECET Rank : _____
22. Admission Type : Convener/Management
23. Date of Joining : _____

Present Address

H.No : _____
Street : _____
City : _____
Dist : _____
State : _____
Pincode : _____

Permanent Address

H.No : _____
Street : _____
City : _____
Dist : _____
State : _____
Pincode : _____

DECLARATION BY THE APPLICANT

I declare that all the above statements made in this application are the true and correct. I accept that any statement made in the application, if found incorrect on scrutiny, will render my application to be rejected.

I sincerely assure that, if admitted, I will strictly adhere to regulations that may be adopted by the college from time to time and will abide by the rules of discipline of the college.

I agree to abide by the decision of the Principal of the college for misconduct or misbehaviour or breach of rules by during the entire period of my study.

Date :

Please :

Signature of the Candidate

CERTIFICATE OF PARENT/GUARDIAN

I certify that the particulars furnished above by my son/daughter are true. I accept my statement in the application, if found incorrect in scrutiny, will render the application of my son/daughter liable for rejection. I shall be reasonable for his/her conduct, behavior and compliance with the rules in force from time to time during the entire period of his/ her study.

I promise to abide by any decision taken by the Principal or by the college for any misconduct or misbehaviour or breach of rules by my son/daughter/ward.

I hereby declare that I agree to meet the expenses related to the course of my son/daughter during the entire period. I shall also hold myself responsible and compensate for any damages caused by my son/daughter in the college.

Signature of the Parent / Guardian

For Office Use:

The Candidate is provisionally admitted to the B.Pharmacy / M.Pharmacy Course for the academic year_____.

Superintendent

Principal