SAFA COLLEGE OF PHARMACY

# B.THANDRAPADU, KURNOOL.

**Approved by PCI, New Delhi and Affiliated to JNTUA, Anantapur.**

Phone No. +91 7901052869, 9848308319

E-mail: [safapharma@gmail.com,](mailto:safapharma@gmail.com) Website: [www.safapharma.com](http://www.safapharma.com/)

**APPLICATION FOR ADMISSION INTO M. PHARMACY UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2021-2022.**

(**For Office Use only**)

Admission No:……...

Date

:…………..

Authorized Signatory

**Affix latest Passport size Colour photograph**

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 Communication** : ( with Pin Code )

# Telephone No. (with STD code) : Mobile No:

1. **Percentage of B.Pharmacy :**
2. **Month and Year of Passing**
3. **GATE/PGECET Rank :**
4. **Course Opted for**
   1. **MPHARM-PHARMACEUTICS :**
   2. **MPHARM-PHARMACEUTICAL ANALYSIS :**
   3. **MPHARM-PHARMACOLOGY :**

**Note:-** Documents to be submitted (i) SSC Xerox Copies (ii) Inter Marks Memo (iii) B.Pharmacy Consolidated Marks Memo & PC (iv) GATE/PGECET Rank Card & Hall Ticket (v) Study Certificate from 10th class to Degree (vi) Transfer Certificate (vii) Photos.

**DECLARATION**

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

# Signature of the Applicant Signature of the Parent / Guardian