

EAMCET Rank		Category Seat		Academic Year	
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## CHALAPATHI COLLEGE OF PHARMACY

Affiliated to Acharya Nagarjuna University & Approved by PCI, New Delhi,  
A.R. Nagar, Mothadaka Village, Tadikonda Mandalam, Guntur District-522016,  
Mobile : 9492478685, E-mail Id : principalccp2024@gmail.com

### APPLICATION FOR ADMISSION INTO B.PHARMACY COURSE

01.	Name of the Student <b>(IN BLOCK LETTERS, as per S.S.C. record)</b>					
	<input style="width: 95%;" type="text"/>					
02.	E.mail I.D. of Student :					
	<input style="width: 95%;" type="text"/>					
03.	Identification Moles: <b>(as per the S.S.C. record)</b>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">01.</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>02.</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>		01.	<input style="width: 95%;" type="text"/>	02.	<input style="width: 95%;" type="text"/>
01.	<input style="width: 95%;" type="text"/>					
02.	<input style="width: 95%;" type="text"/>					
04.	Date of Birth <b>(as per the S.S.C record)</b>	Nationality	Religion			
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
05.	Male / Female	Height	Weight	Blood Group		
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
	Local / Non-Local	Category	Sub-Caste			
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
06.	Name of the Father / Guardian :					
	<input style="width: 95%;" type="text"/>					
07.	Name of the Mother :					
	<input style="width: 95%;" type="text"/>					
08.	Parent Occupation :	Annual Income				
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				

09. Permanent Address

Correspondence Address

Pin :	Pin :

10. Mobile Numbers :

Father											
Mother											
Student											

11. Aadhaar Number (**STUDENT**)

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Aadhaar Number (**FATHER**)

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Aadhaar Number (**MOTHER**)

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12. Ration Card Number (Family)

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13. Details of the Qualifying Examination

Name of the Examination	
Name of the College/Board	
Year of Passing	
Regd.No.	
Grade / CGPA	

14. Details of Education for the last 7 (Seven) years:

S.No.	Academic Year	Class Studied	Name of the School / College
01	2018-2019	6 <sup>th</sup> Class	
02	2019-2020	7 <sup>th</sup> Class	
03	2020-2021	8 <sup>th</sup> Class	
04	2021-2022	9 <sup>th</sup> Class	
05	2022-2023	10 <sup>th</sup> Class	
06	2023-2024	1 <sup>st</sup> Intermediate	
07	2024-2025	2 <sup>nd</sup> Intermediate	

**DECLARATION**

I hereby solemnly and sincerely affirm that the statements made and information furnished by me in application form and also in all the enclosures herein submitted by me are true and correct. I have not suppressed any information should it however, be found that any information is fraudulent, incorrect, I realize that I am liable to criminal prosecution and also agree, to forgo my seat or dismissal from the college. **I will put up not less than 85% of attendance of every year of study failing which I may not be allowed to continue the course of study.** I further agree to obey the present rules and regulations of the Chalapathi Institute of Pharmaceutical Sciences, Chalapathi Nagar, Lam, Guntur and such other rules as may be passed by the college authorities from time to time.

I have gone through the rules and regulations that the Programmes are run in the college on self financing basis and therefore in the event of my discontinuance, I agree to pay the full fee for all the years of the programme, unless otherwise the vacancy caused by my discontinuance is filled by another candidate.

I further undertake that if any matter of indiscipline including ragging about my SON/DAUGHTER is reported I promise that I shall immediately attend before the College Authorities/Committee and extend my full co-operation in set righting the matters. In all the matters of indiscipline including ragging about my SON/DAUGHTER I agree to abide to whatever action the authorities of the college take, and I shall not dispute with the authorities of the college in any manner even if my SON/DAUGHTER is sent out of the College by giving away his/her T.C. nor shall I claim for any refund of the amounts paid to the college.

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Signature of the Student

**INSTRUCTIONS**

- All the columns in the application form must be filled up by the candidates.
- The Candidate should submit the original documents at the time of admission.
- All admissions are provisional and subject to rules and regulations of Acharya Nagarjuna University prescribed for Pharmacy course and rules and regulations as may be prescribed by Government of Andhra Pradesh from time to time. The admission of any candidate, even if made, will be cancelled if such admission is found to be made contrary to the referred rules and regulations at any time. In such cases, the candidate shall not have any claim whatsoever in any manner.
- Fee once paid shall not be refunded.
- Enclose the following copies of the certificate and mark the Check list Column.

**CHECK LIST**

01.	EAMCET Hall Ticket	
02.	EAMCET Rank Card	
03.	Pass Cum memorandum of marks of qualifying examination	
04.	Certificate indicating date of Birth (SSC or its equivalent)	
05.	Study Certificate from 6 <sup>th</sup> Class to intermediate	
06.	Residence certificate for a period of 7 years (in respect of candidates who have private study without institutionalized certificate	
07.	Caste Certificate	
08.	Certificate in respect of PH/NCC/SP/CAP claimant's from Medical Board Constituted by Government.	
09.	20 Passport size and 5 Stamp size photographs	

**OFFICE USE ONLY**

Date of Admission : \_\_\_\_\_ Admission Number: \_\_\_\_\_

Total Original Certificate deposited : \_\_\_\_\_ Verified by : \_\_\_\_\_

\_\_\_\_\_  
Signature