

R.B.V.R.R. Women's College of Pharmacy

Barkatpura, Hyderabad - 500 027. Telangana

(Approved by AICTE & PCI, New Delhi, Affiliated to Osmania University)
(Managed by Hyderabad Mahila Vidya Sangam)

Contact No. 040 - 27563065

Application for Admission to B. Pharmacy

	ation No. : JM: English	Paste Latest Passport size colour Photograph
Applic	ation for Admission into Four year Degree Course	
•	Incomplete application form will not be considered for admission	
	Admission Number:	
	(For Office Use Only)	
Note: 1.	t the application form on or before: Read carefully the instructions given in the prospectus before filling this apply $()$ Mark in the appropriate space provided for The University and the college reserves the right to cancel the admission when it is detected that the admission is against the rules in force.	
1.	NAME :	
2.	Father's Name :	
	Mother's Name:	
	Guardian's Name & Relationship: (in case father is not alive)	
3.	Nationality : Religion : Mother Ton	gue :
4.	Date of Birth (As per 10 th Class) D/M/Y In Words	
5.	Identification Marks: 1. 2.	
6.	Married / Unmarried : Blood Group:	

7. C	Caste :	1	2	3	4	5	6	7	8	Name of the Caste :		:		
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12. Fa	ather's Ann	ual Ir	ncom	e : [
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Land Line N	0.:	Parent / Guardian Mo	bile No.		
Candidate N	Nobile No.	Email Id:			
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19. Aadhaar No).		Category:	Urban	Rural

Furnish the following details for the seven consecutive academic years preceding the year of seeking admission. (Bonafide certificates from the Head(s) of Institution(s) should be enclosed as proof)

S.No.	Academic Year	Class studied during that year	Name and Place of the Institution District where studied	Medium	Result
1		6 th Class			
2		7 th Class			
3		8 th Class			
4		9 th Class			
5		10 th Class			
6		11 th Class /Intermediate			
7		12 th Class /Intermediate			

- Note: (i) Candidates who discontinue studies for any reason will have to pay balance of Tuition fee to receive their Original certificates.
 - (ii) Admission into the college does not confer the claim for accommodation in our hostel.

DECLARATION BY THE STUDENT AND PARENT / GUARDIAN

The above information given is true to my knowledge. I Promise to abide by the rules and regulations of the college and the Osmania University. The statements I have made in this application form are correct to the best of my knowledge.

Signature of the student

Signature of the Parent / Guardian

UNDERTAKING BY THE PARENT / GUARDIAN OF THE STUDENT

I undertake the responsibility for the regular attendance of at least **80%** and good conduct of my daughter / ward. It is understood that non-fulfillment of the above requirements would result in declaring my daughter / ward ineligible to take the corresponding semester examination.

I agree to the applicant's admission in your college I shall hold myself responsible for the payment of all her fees and also her good conduct and behavior during the period of her study in your college.

Checked & Verified
CONVENER, ADMISSION COMMITTEE / PRINCIPAL

Signature of the Parent / Guardian



COLLEGE COPY

RBVRR Women's College of Pharmacy

Barkatpura, Hyderabad. Telangana. -500 027. RECEIPT

Application Form .No.	Fee Receipt. No.
Received Application Form from Ms	D/o
Fee Details: University Fee	
Tuition Fee	
Enclosures:	Signature of the receiver
 EAMCET Rank Card & Hall Ticket SSC / CBSE / ICSE Marks Memo Intermediate Marks memo Bonafide Certificate(7 years) Transfer Certificate Caste Certificate Income Certificate of the parent for current yea Aadhaar Card Xerox Colour Passport Size 5No.s & Stamp Size Photo 	
STUDENT COPY	
RBVRR Women's	College of Pharmacy
Barkatpura, Hyderab <u>RECEI</u>	ad. Telangana500 027. <u>PT</u>
Application Form .No.	Fee Receipt. No.
Received Application Form from Ms	D/o