



SAFA COLLEGE OF PHARMACY

B.THANDRAPADU, KURNOOL.

(Under the Management of Safa Educational Society, Hyderabad. A Minority Institution)

Approved by AICTE & PCI, New Delhi and Affiliated to JNTU, Anantapur.

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APPLICATION FOR ADMISSION INTO M. PHARMACY I YEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2015-2016.

(For Office Use only)
Receipt 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)

6. Telephone No. (with STD code) : _____ Mobile No:_____
7. Percentage of B.Pharmacy :
8. Month and Year of passing
9. GATE/PGECET Rank :
10. Course Opted for
 - a) MPHARM-PHARMACEUTICS :
 - b) MPHARM-PHARMACEUTICAL ANALYSIS :
 - c) MPHARM-PHARMACOLOGY :
11. Registration Fees (Rs. 300/-) details: DD/Challan: _____ No. _____ Date _____
Bank Name & Branch _____

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
Date :

Signature of the Father / Mother / Guardian