

Sl. No.

An ISO 9001:2008 Certified Institute

Estd : 2008

PROFESSIONAL ACADEMY OF EDUCATIONS & RESEARCH (Regd. Society)



VIKAS INSTITUTE OF PHARMACEUTICAL SCIENCES

(Approved by, P.C.I. & AICTE, New Delhi, Affiliated to Andhra University, Visakhapatnam)

Near Airport, Nidigatla Road, **Rajahmundry**. E.G.Dist - 533102.

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website: vips.global

Affix recent colour Photo

APPLICATION FORM FOR ADMISSION INTO FOR THE YEAR

1. Name of the Candidate :
(in block letters as per SSC Marks Card)

2. i)Name of the Father & Qualification :

ii)Name of the Mother & Qualification

iii)Occupation & Annual Income

3. Age & Date of Birth : _____ Years
(as per SSC Marks Card) D D M M Y Y Y Y

4. Nationality & Religion :

5. Mother tongue & lang. Known :

6. Category (Enclose relevant documents)

Local/ Non-Local	Sex M/F	OC	BC (Group)	SC	ST	CAP	NCC	SP	PH	Women	Others (Specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Permanent Address : _____
(Give Telephone No. with STD code & email id)

8. Address for Correspondence : _____
(Give Telephone No. with STD code & email id)

9. Identification Marks : 1) _____

10. Particulars of Qualifying Exam : 2) _____

Name of the Institution, Board/University with Address	Reg.No. & Year of Passing	No.of Attempts	Total Marks & Percentage	Marks obtained in Optionals				% CGP or Grade Inter/B.Pharm
				Phy	Chem	Bio	Maths/ Zoology	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Particulars of EAPCET / E-CET PGCET/GPATexam : Stream:MPC/BiPC, D.Pharmacy H.T.No.: _____ Rank _____

12. Name & address of responsible person/guardian with Mobile no. for reference:

1) _____

2) _____

13. Extra - curricular activities : _____

14. Particulars of Previous years of Study (Give details of break up if any in remarks column)

Std.	Name & Address of the Institution	Class	Medium	Remarks
VI th - X th Std.				
Intermediate				
B.Pharm				

15. Declaration by the candidate

I, _____ Son/Daughter of _____ admitted into _____ for the year _____ hereby declare that I am fulfilling the conditions laid down by Govt. of A.P. with respect to the admission criteria and the information furnished above is true to the best of my knowledge. I promise to abide the Rules & Regulations framed by the college authorities from time to time and also delcare that I am liable for any disciplinary action by the college authorities in case of any of my default in College / hostel / Indulging in anti-social activities.

Date :

Signature of the Candidate

16. Declaration by the Parent

I, _____ admitted my Son/Daughter _____ into _____ for the year _____ hereby delcare that I will abide the Rules & Regulations framed by the College Authorities from time to time. The College Fee, Examination Fee. Hostel Fee, etc., Will be paid within the stipulated date given by the college authorities. Incase of default of my ward in college/hostel, the Management and / or Principal of the College can take disciplinary action

Date :

Signature of the Parent

17. Enclosures (Three sets of Xerox of all to be enclosed)

- | | | | |
|--|----------|--|----------|
| 1. 10th & inter Marks cards | : Yes/No | 2. Hall Ticket/Rank of CET | : Yes/No |
| 3. Transfer / Study / Conduct certificates | : Yes/No | 4. Proof of Catergory Certificate
(If claims admission in category) | : Yes/No |
| 5. Migration / Equivalence certificates
(Student belongs to other States) | : Yes/No | 6. Pass port & Stamp size Photographs | : Yes/No |
| 7. Physical Fitness certificate | : Yes/No | 8. Residence Certificate for locals | : Yes/No |
| 9. Aadhar Card | : Yes/No | 10. Ration Card / Income Certificate | : Yes/No |

For Office use only

Allotment No. & Date of CET : _____ Local / Non local : _____
 Admission Date : _____ Admission quota : _____
 Application received on : _____ Category : _____
 Amount of Fees Paid : _____ Admn. Receipt No. : _____
 Admission approval : Approved / Not Approved Reason for not approval _____

Checked & Verified by

Signature of the Chairman / Secretary

Signature of the Principal