



**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, Andhra Pradesh

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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. Sex, Age & Date of birth Sex M/F -----Years   
(as per SSC Marks Card)

4. Nationality & Religion

5. 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"/>											

6. Permanent Address : \_\_\_\_\_  
(Give Telephone No. with STD code & email id)

7. Address for Correspondence : \_\_\_\_\_  
(Give Telephone No. with STD code & email id)

8. Particulars of qualifying exam

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

9. Particulars of EAMCET / E-CET exam : Stream:MPC/BiPC, D. Pharmacy H.T.No: \_\_\_\_\_ Rank \_\_\_\_\_

10. Particulars of Previous 7years of Study (Give details of break up if any in remarks column)

Std.	Name & Address of the Institution	Class	Medium	Remarks
VI <sup>th</sup> - X <sup>th</sup> Std.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inter / 10+2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 declare 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

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**Declaration by the Parent**

I, \_\_\_\_\_ admitted my Son/Daughter \_\_\_\_\_  
admitted into \_\_\_\_\_ for the year \_\_\_\_\_ hereby declare 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

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**Enclosures** (Three sets of xerox of all to be enclosed)

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|------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------|----------|
| 1. 10th & Inter Marks cards                                                  | : Yes/No | 2. Hall Ticket/Rank of CET                                            | : Yes/No |
| 3. Migration / Equivalence certificates<br>(Student belongs to other States) | : Yes/No | 4. Proof of Category Certificate<br>(If claims admission in category) | : Yes/No |
| 5. Transfer / Study / Conduct certificates                                   | : 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 |

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**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 : \_\_\_\_\_

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Checked & Verified by

Signature of the Chairman/ Secretary

Signature of the Principal