



SWAMI RAMANANDA TIRTHA INSTITUTE OF PHARMACEUTICAL SCIENCES

Ramananda Nagar, Post: S.L.B.C., Nalgonda – 508 004.

Approved by AICTE, PCI New Delhi, Affiliated to J.N.T. University Hyderabad

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E-Mail:srtipnalgonda@gmail.com Website: www.srtips.co.in

**Application for admission into the B.Pharmacy Course under category
'B' seats for the Academic Year 2018-19**

Name of the Applicant _____

(In block letters as per SSC)

Father's Name _____

Mother's Name _____

Aadhar No _____

Affix Latest
Passport size
Color
photograph

Whether belongs to NRI Quota (Yes / No)

Gender: Male / Female

SSC Hall Ticket No _____ SSC Qualifying Board _____

SSC Month & Year of passing _____ Date of Birth as per SSC _____

JEE Mains 2018 Hall Ticket No _____ JEE Mains 2018 Rank _____

TSEAMCET 2018 Hall Ticket No _____ TSEAMCET 2018 Rank _____

Inter Month & Year of Passing _____ Inter Regd No _____

Inter Qualifying Board _____

% of Marks obtained in Intermediate (Aggregate) _____ (Group subjects) _____

State to which candidate belongs to _____ Community (SC/ST/BC/OC) with sub-caste _____

Address for Correspondence _____
(with Pin Code) _____

Mandal /Town _____ Dist _____

Mobile No. _____

DECLARATION

We declare that all the particulars given above are true to the best of our knowledge. We understand that any particulars given in the application, if found incorrect on scrutiny, will render the application liable to be rejected and admission granted on the basis of such incorrect information will stand cancelled.

(Signature of the Applicant)

(Signature of the
Father/Mother/Guardian)

(Name in block letters)

(Name in block letters)