



**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**

**Ph:- 08682 – 230273 Fax:- 08682-230274 Mobile:9703063888**

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

**Application for admission into the M.Pharmacy (Pharmacology) 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**

Date of Birth as per SSC \_\_\_\_\_

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

TSPGECT / GPAT2018 Hall Ticket No \_\_\_\_\_ TSPGECT / GPAT2018 Rank \_\_\_\_\_

Examination	Year of Passing	Institution Attended	Board/ Univ.	Marks Obtained	% of Marks	Class/ Grade
SSC / CBSE						
Inter/10+2						
B.Pharmacy						

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)