



# A.K.R.G COLLEGE OF PHARMACY

(Approved By A.I.C.T.E., New Delhi and Affiliated to JNTUK, Kakinada)

NALLAJERLA, W.G. Dt., (A.P) -534 112

## APPLICATION FORM FOR ADMISSION UNDER CATEGORY 'B'

### (MANAGEMENT QUOTA) SEATS FOR THE YEAR (2016-17)

#### UG/PG Courses: B.PHARM./M.PHARM.

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1. Name of the Student (in block letters) :
2. Name of the Parent/Guardian :
3. Nationality & Religion :
4. Residence : Andhra Pradesh / Other State / NRI  
If other state, specify the state  
If NRI, specify the country
5. Rank details in JEE Mains/ APEAMCET :  
:
6. Hall Ticket No. of JEE Mains/APEAMCET:
7. Name of the Qualifying Examination :
8. % of marks in Qualifying Examn. : In aggregate :  
In group :
9. Year of Pass of the Qualifying Exam :
10. Category (specify details) : SC / ST / BC-A / BC-B / BC-C / BC-D / BC-E / OC
11. Contact Address with Phone Nos. :
12. Permanent Address with Phone Nos. :

### DECLARATION

I declare that the above information is true and correct. We accept that any information found false or incorrect on scrutiny of the application, our application is liable for rejection and admission if granted on the basis of such incorrect information will stand cancelled.

Signature of the Candidate.

Signature of the Parent/Guardian.

**Enclosures:** 1) Copies of JEE Mains Rank Card/APEAMCET Rank Card & Hall Ticket 2) Copy of Marks Memo of Qualifying Examination (Intermediate/Degree or its equivalent)

### For Office Use only

Appln. Sl. No.

Course: **B.Pharm./M.Pharm.**

Date of Regn.:

Admission: Granted / Not Granted