



# MAK COLLEGE OF PHARMACY

Chilkoor Village, Moinabad mandal, Ranga reddy Dist. 501507

Affiliated to JNTU- Hyderabad and Approved by AICTE

Phone No. +91-99495-67608

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## APPLICATION FOR ADMISSION INTO B. PHARM I YEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2013-2014.

(For Office Use only)

Receipt No:.....

Date :.....

Authorized Signatory

Affix latest  
Passport size  
Colour  
photograph

1. **Name of the Applicant** : \_\_\_\_\_  
(in Block letters as per SSC)
2. **Date of Birth (dd/mm/yyyy)** : \_\_\_\_\_  
(As per SSC – Enclose Photocopy)
3. **Father's Name** : \_\_\_\_\_
4. **Mother's Name** : \_\_\_\_\_
5. **Address for Communication** : \_\_\_\_\_  
( with Pin Code )  
\_\_\_\_\_  
\_\_\_\_\_
6. **Telephone No. (with STD code)** : \_\_\_\_\_ **Mobile No:**\_\_\_\_\_
7. a) **Name of the qualifying examination** : \_\_\_\_\_  
b) **Month and Year of passing** : \_\_\_\_\_  
c) **Total Marks and percentage ( % )** : \_\_\_\_\_  
( Enclose photocopy of certificate )  
d) **Group subjects** : **1.** \_\_\_\_\_ **2.** \_\_\_\_\_ **3.** \_\_\_\_\_  
**Group subjects (%)** : \_\_\_\_\_
8. **Rank obtained in EAMCET – 2013** : \_\_\_\_\_  
(Enclose photocopy of Rank card)
9. **Regn.fee Rs.** \_\_\_\_\_ **D.D. No.** \_\_\_\_\_ **Date :** \_\_\_\_\_ **Bank & Branch :** \_\_\_\_\_

### DECLARATION

We declare that all the above statements made in this application are true. We accept that any statement made in the application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

**Signature of the Applicant**

**Date :**

**Signature of the Father / Mother / Guardian**