Viswanadha Institute of Pharmaceutical Sciences (VNIPS), Mindivanipalem(V) Sontyam(P) Anandapuram (M)Visakhapatnam(Dist)531 173.

APPLICATION FORM FOR M.PHARM

1.	NAME OF THE CANDIDA (As per 10th Class)	ATE :			
2.	GENDER	: MALE/ FEMALE	E		AFFIX YOUR RECENT PHOTOGRAPH
3.	FATHER'S NAME	:			
4.	(As per 10th Class) MOTHER'S NAME	:			
_	(As per 10th Class)				
Э.	OCCUPATION : Of the Father				
6.	ANNUAL INCOME	:			
7.	DATE OF BIRTH				
8.	PRESENT ADDRESS	:			
9.	PERMANENT ADDRESS	:	_		
			_		
10	. TELEPHONE No.	: FATHER	:	MOTHER	:
		GAURDIAN	:	STUDEN	Γ:
11	. E- Mail Id	:			
	Father	:			
	Studer	nt :			
11. TENTH Regd.No. :(Reg./Supl)		:	Year of Pass		
		:	H.T.No		
13	CATEGORY (OC/BC/SC	/ST/EBC)Caste:	Sub Ca	ıste:	

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12. BRANCH OF ADMISSION
13. BANK ACCOUNT NUMBER & BRANCH :
14. AADHAR CARD No
                                   :
15. IS PHYSICALLY HANDICAPED
16. HOME/HOSTEL
17. Seat Type (convener/convener full/management/spot):
18.Admission No
19.Date Of Admission(DD/MM/YYYY)
20.Roll No
21.SSC Max Marks
22.SSC Obtained Marks
23.SSC School
24.SSC Board
25.SSC Medium
26.Inter HTNo
27.Inter Max Marks
28.Inter Obtained Marks
29.Inter College
30.Inter Medium
31.Inter Board
32.Inter YOP
33.Degree Reg No
34.Degree Max Marks
35.Degree Obtained Marks
36.Degree College
37.Degree Medium
38.Degree Univ
39.Degree YOP
40. Mother occupation
41.Mother Income
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: FEE EXEMPTED/NOT EXEMPTED

11. FEE PARTICULARS

42.Admission Status (Direct/Lateral) 43.Guardian Name 44.Guardian Phone No 45.Guardian Address 46. Student Blood Group 47.Religion 48.Mother Tongue 49. Scholarship (Yes/NO) 50.TENTHGRADE (grade points only) 51.INTERGRADE 52.Ration Card No 53. IDENTIFICATION MARKS : 1. (AS PER SSC CERTIFICATE 2.

Place: Date:

Signature of

Signature of the Candidate the Parent/ Guardian

Signature of the Principal