

Dr. Samuel George Institute of Pharmaceutical Sciences

Markapur, Prakasam District, Andhra Pradesh – 523316

Email: sgips04@gmail.com Website: www.drsgips.ac.in

APPLICATION FOR ADMISSION INTO B. PHARMACY COURSE

1. Student Details

Name (in BLOCK LETTERS, as per SSC): _____

Email ID: _____

Identification Marks:

1. _____ 2. _____

Date of Birth (as per SSC): _____ Nationality: _____ Religion: _____

Gender: ☐ Male ☐ Female ☐ Other

Height: _____ cm Weight: _____ kg Blood Group: _____

Local / Non-Local: ☐ Local ☐ Non-Local Category: _____ Sub-Caste: _____

2. Parent / Guardian Details

Father's / Guardian's Name: _____

Mother's Name: _____

Occupation of Parent / Guardian: _____ Annual Income: ₹ _____

3. Contact Details

Permanent Address:

PIN: _____

Correspondence Address:

PIN: _____

Mobile Numbers:

Father: _____ Mother: _____ Student: _____

Aadhaar Number (Student): _____

Ration Card Number (Family): _____

4. Academic Qualifications

Name of Examination	Name of Board/College	Year of Passing	Register No.	Grade/CGPA
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5. Educational History (Last 7 Years)

S. No.	Academic Year	Class Studied	Name of School/College
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6. Declaration

I hereby solemnly declare that all the information furnished above is true to the best of my knowledge. I agree to abide by all the rules and regulations of Dr. Samuel George Institute of Pharmaceutical Sciences, Markapur. I also agree to pay full course fees even if I discontinue, unless the vacancy is filled. I understand that 80% attendance is mandatory and agree to disciplinary policies.

Signature of Parent/Guardian: _____ Signature of Student: _____

7. Checklist (Enclose Copies)

- ☐ EAMCET Hall Ticket
- ☐ EAMCET Rank Card
- ☐ Marks Memo of Qualifying Exam
- ☐ SSC / DOB Certificate
- ☐ Study Certificate (6th to Intermediate)
- ☐ 7-Year Residence Certificate (if applicable)
- ☐ Caste Certificate
- ☐ PH/NCC/SP/CAP Certificate (if applicable)
- ☐ 20 Passport + 5 Stamp Size Photos

Office Use Only

Date of Admission: _____ Admission No.: _____

Certificates Deposited: _____ Verified By: _____

Signature of Office Supdt.: _____ Signature of Principal: _____