



VAGDEVI COLLEGE OF PHARMACY AND RESEARCH CENTRE

Brahmadevam (v),Muthukur(M),Nellore -524346

ADMISSION PROFORMA

Appl. No:-----

Course: D.Pharmacy/B.Pharmacy/M.Pharmacy/Pharma.D Academic Year-----To-----

Name of the Student(As per S.S.C)-----

Father Name(As per S.S.C) :-----

Mother Name: -----

D.O.B (As per S.S.C):-----

Nationality:----- Religion :-----Community-----Sub caste-----

Student Aadharcard No:-----

Affix Present
PHOTO
(Passport Size)

Details Of Educational Qualification.

<u>S.S.C</u>	<u>INTERMEDIATE</u>
H.T.No:_____	H.T.No:_____ GROUP:_____
Year of Pass:_____	Total Marks:_____ Group Total Marks:_____
Total Marks:_____	%:_____ Year of Pass:_____

ADDRESS

CONTACT DETAILS

	1. Student Phone: ----- 2. Parents Phone: ----- 3. Email id: -----
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Station:

Signature of the Applicant

Date:

Signature of the Parent/Guardian