

Roll No. 

# SCIENT INSTITUTE OF PHARMACY

Nagarjuna Sagar Road, Ibrahimpatnam - 501506, Ranga Reddy Dist. T.S.

Phone : 9640395670

E-mail : scient\_pharmacy@yahoo.co.in Website : www.scientpharmacy.ac.in

## STUDENT APPLICATION FORM FOR ADMISSION 201 - 201

Branch : Date : 

|   |                                 |   |
|---|---------------------------------|---|
| <ol style="list-style-type: none"> <li>Fill the form in ink using Capital letters.</li> <li>Enclose all certificates, mark sheets, testimonials and Conduct certificate.</li> <li>Indicate if the postal address is different from permanent address.</li> <li>A student enrolling in the course from other University must produce certificate of migration within a month of enrolment.</li> <li>Affix one Passport size photograph to the application in the space provided and supply 5 more Passport size photographs</li> </ol> |                                 | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">           Affix<br/>Passport size<br/>Photograph         </div> |
| 1. Full Name of the Candidate as in SSC / 10th  | <input type="text"/>            |   |
| 2. Father's / Guardian Name   | <input type="text"/>            |   |
| 3. Date of Birth<br>a) Dt./Month/Yr.<br>b) In words   | <input type="text"/>            |   |
| 4. a) Permanent Address with Pin Code   | <input type="text"/>            |   |
| b) Address for Correspondence with Pin Code   | <input type="text"/>            |   |
| 5. Contact Phone Number, if any   | STD Code : <input type="text"/> | Phone No. : <input type="text"/>  |
|   | Mobile : <input type="text"/>   | Email ID : <input type="text"/>   |
| 6. Permanent Identification Mark  | I. _____<br>II. _____           |   |

7. I CET / E CET / EAMCET Rank Caste

8. Qualification :

| Class               | Institution | Group | Marks Obtained | % Marks Obtained | Division | Medium of Instruction | Year of Passing |
|---------------------|-------------|-------|----------------|------------------|----------|-----------------------|-----------------|
| 10th Class          |             |       |                |                  |          |                       |                 |
| 10+2 / Intermediate |             |       |                |                  |          |                       |                 |
| B. Pharmacy         |             |       |                |                  |          |                       |                 |

9. a) Proficiency in Literary & Cultural Activities :

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b). Proficiency in Games & Sports:

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c). Were you a NCC Cadet / Scout Guide / NSS, If yes give details :

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10. Annual income of parents

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**UNDERTAKING BY STUDENT**

I solemnly declare that the particulars given by me in the application form are true and correct. I am aware that I should not carry cellphone to the Institute. I shall follow the rules of the Institute and behave in such a way not to cause any damage to Institute properties.

Signature of the student

**UNDERTAKING BY PARENT / GUARDIAN**

I \_\_\_\_\_ the Parent / Guardian of \_\_\_\_\_ hereby undertake the responsibility that he / she shall attend the classes regularly and adhere to all the rules and regulations of the Institute and J.N.T.U. in regard to attendance, conduct and academic activity and pay all fees in time. I understand that bringing of cellphone by the students is an offense as per Govt. rules and I will ensure compliance of the above undertaking given.

Signature of Father / Guardian

Date : \_\_\_\_\_ Name .....,

**UNDERTAKING**

We have noted the provisions of the ANTI-RAGGING Act and we are aware of the consequences. We hereby solemnly promise that we shall do everything possible to eliminate this menace from Scient Institute of Pharmacy inside and outside the institute premises (at bus stands, in buses etc.,) A copy of this undertaking is given to us for our record.

I understand the provisions of punishment for indulging in the heinous crime of ragging and hereby undertake not to be involved in or abet ragging. In case I am involved in this crime, I may be dismissed from the institution as per the relevant Act of the TS State Legislative Assembly. I also assure that I shall not arrange or participate in separate Freshers Parties other than the one arranged by the Institute.

Signature of Parent / Guardian : \_\_\_\_\_ Signature of Student : \_\_\_\_\_

Name : \_\_\_\_\_ Name : \_\_\_\_\_

Date :

Ph (O) \_\_\_\_\_ (R) \_\_\_\_\_



## **SCIENT EDUCATIONAL SOCIETY**

**Regd. No. 6086/2000**

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Phone : 040-65594666, Tele/fax : 040-24741658