



Spectrum Educational Society's

PATHFINDER

INSTITUTE OF PHARMACY EDUCATION & RESEARCH (PIPER)

Approved by AICTE New Delhi. ❖ Recognised by Govt. of A.P.
❖ AFFILIATED TO KAKATIYA UNIVERSITY, WARANGAL. CO-EDUCATION
Opp: Warangal Airport, Beside Mamnoor Camp, Khammam Road,
WARANGAL - 506 166. Ph: 0870-2556554



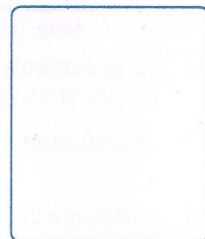
APPLICATION FORM FOR ADMISSION INTO B. PHARMACY/M. PHARMACY

Admission for : ☐ B.Pharm I Year
☐ B.Pharm II Year (Lateral Entry)
☐ M. Pharmacy _____

Admn. No.: _____

Date : _____

1. Full Name of the candidate : _____
(in block letters as per SSC)
2. Father's Name : _____
3. Mother's Name : _____
4. Guardian Name : _____
5. Relation with Guardian : _____ Cell No. _____
6. Date of Birth (as per SSC) : _____ Age: _____ Male/Female: _____



ADDRESS FOR CORRESPONDENCE

Ph/Mobile: _____

Email/ID: _____

PERMANENT ADDRESS

Ph/Mobile: _____

Email/ID: _____

7. Father's Occupation: _____ Annual Income: _____
8. Nationality: _____ Religion: _____ Mother Tongue: _____ Sub-Caste: _____
9. Reservation Category : (üTick the following) (Certificate should be enclosed)

SC	ST	BC.A	BC.B	BC.C	BC.D	BC.E	OC	Phy.H	Ex.Ser	NCC	Others

10. Locality (local / Non-Local) : _____

11. Particulars of Qualifying Examination :

Name of the Institute	Year of Passing	One Attempt Compartmental	Hall Ticket Number	Total Marks Obtained	Percentage of marks	Optional Subjects	Percentage of marks in optionals

12. EAMCET/ PG CET PARTIUCULARS :

Year	Hall Ticket Number	Stream (MPC/BPC)	Rank	Marks

13. Particulars of Institution Last Studied :

	School / College Name	Year of Study	Medium of Instruction	Month & Year of Passing	Division Obtained
VI Class					
VII Class					
VIII Class					
IX Class					
X Class					
Intermediate					
B. Pharmacy					

Note: If there is any discontinuity in studies state the reasons and enclose a certificate to the effect.

14. Extra-curricular Activities if any : _____
(N.C.C., N.S.S., Games and Sports etc., Certificate should be enclosed)

15. Identification marks (As per SSC) : 1. _____
2. _____

16. Certificate Enclosers :

- (1) Rank Card of EAMCET/PG CET _____
- (2) Hall Ticket of EAMCET/PG CET _____
- (3) SSC/SSLC/Matriculation of Equivalent _____
- (4) Memorandum of Marks in Qualifying Examination _____
- (5) Provisional Certificate of qualifying examination _____
- (6) Study / Residence Certificate _____
- (7) Caste Certificate _____ (8) Transfer Certificate _____ (9) Income Certificate _____

Clerk

Principal

DECLARATION BY THE CANDIDATE

I hereby furnish the undertaking that:

- (i) I will be governed by the Rules and Regulations framed already or which be framed in future with regard to the B.Pharmacy/M.Pharmacy Degree Course.
- (ii) I will abide by the schemes of Instruction and Examination, also Rules and Regulations in respect of attendance, passing percentage and percentages applicable to the award of division, etc., as applicable to the B.Pharmacy/ M.Pharmacy Course of Pathfinder Institute of Pharmacy Education and Research.

I also declare that the statement made by me in this application are complete and correct. I have not suppressed any information. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false.

Date :

Signature of the Candidate

DECLARATION TO BE SIGNED BY THE FATHER / GUARDIAN

I agree to the applicant's admission to the B.Pharmacy/M.Pharmacy Course at Pathfinder Institute of Pharmacy Education and Research, Warangal. I shall be responsible for the payment of all his / her fees and other charges. I shall be responsible for his / her conduct, good behaviour and attendance during the period of his/her college career. I endorse that the information furnished by my son / daughter / ward is true to the best of my knowledge.

Date :

Signature of the Principal

Signature of the Father / Guardian