

# NALANDA INSTITUTE OF PHARMACEUTICAL SCIENCES

Siddharth Nagar, Kantepudi (V), Sattenapalli (M), Guntur Dist – 522 438.  
(Approved by A.I.C.T.E., New Delhi Permitted by Govt. of A.P. & Affiliated to JNTUK, Kakinada)

Branch : .....

Receipt No : .....



Affix latest  
Passport  
Size  
Colour  
Photograph

## APPLICATION FORM FOR ADMISSION INTO THE FIRST YEAR OF THE FOUR YEAR B. PHARMACY / PHARMA.D COURSE BEGINNING IN 20 -20 UNDER 'B' CATEGORY

Read the Instructions Carefully before filling in the Application.

1. Application should be filled in only by the Candidate him/her self.
2. Application fee is Rs. 500/-

Name of the Candidate: Mr. / Ms. / Mrs. \_\_\_\_\_  
(In Block Letters as per SSC)

Father's Name: Mr. / Dr. \_\_\_\_\_

**EAMCET DETAILS:**

H. T. No. .... Rank .....

Maths: .....Physics:.....Chemistry:.....Biology: .....Zoology:..... Total : .....

Address for Correspondence:

\_\_\_\_\_

\_\_\_\_\_

Mobile No. : \_\_\_\_\_ PIN Code : \_\_\_\_\_

### FOR OFFICE USE ONLY

1. Date of Admission.....Adm. No. : ..... Roll No. : .....

2. Fee: ..... Challan No. : .....

Signature of the Concerned Clerk / Superintendent. Admission Granted / Not Granted

Signature of the Principal

1. Candidate's Name : \_\_\_\_\_  
(As per SSC / Equivalent certificate)
2. Sex : Male / Female
3. Father's / Guardian's Name : Mr. / Dr. \_\_\_\_\_
4. Father's / Guardian's Occupation : \_\_\_\_\_
5. Mother's Name : Mrs. / Dr. \_\_\_\_\_
6. Mother's Occupation : \_\_\_\_\_
7. Date of Birth (DD / MM/ YY) : \_\_\_\_\_  
(As per SSC / Equivalent Record)
8. Place of Birth (with PIN Code & District) : \_\_\_\_\_
9. Mother Tongue : \_\_\_\_\_
10. Marital Status : Married / Unmarried \_\_\_\_\_
11. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN Code: \_\_\_\_\_
12. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN Code: \_\_\_\_\_
13. Identification Marks : 1. \_\_\_\_\_  
(As per the SSC Record) 2. \_\_\_\_\_
14. Nationality : \_\_\_\_\_
15. Community : \_\_\_\_\_
16. Caste : \_\_\_\_\_
17. Religion : \_\_\_\_\_
18. Do you belong to NRI Category? : YES / NO  
No Local Category
19. Candidature : Local / Non-Local
20. **(A)** Particulars of Study :

Class	Institution	Max. Marks	Total Marks Secured	Grade / Division Obtained	Year of Passing	Duration of Study	Year of Joining	Year of Leaving
INTER/XII								
SSC								
IX								
VIII								
VII								
VI								

- (B)** If, in the seven consecutive years mentioned above, you did not study during the whole or part of the seven academic years, in any educational institution, furnish particulars of your residence as shown below for the seven years period or part of the period immediately preceding the month and year or passing the qualifying examination duly certified by a revenue officer not below the rank of Tahasildar.

S. No.	Period of Residence	Resident at Village, Town, Taluk, Mandal, District and State	Remarks
1			
2			
3			
4			
5			
6			
7			

- (C)** If you are not a local candidate in any of the University areas, state the non-local category to which you claim to belong (enclose documentary proof)

\_\_\_\_\_

If your parent (s) / husband is employed in Govt. (Quasi Govt.) organization of either State or Central Govt. located in the State of Andhra Pradesh, Furnish the particulars here and produce documentary proof.

21. Marks obtained in INTERMEDIATE (Total of 1<sup>st</sup> & 2<sup>nd</sup> years including practical Marks)

Maths/Biology/\_\_\_\_\_ Physics \_\_\_\_\_ Chemistry\_\_\_\_\_ English\_\_\_\_\_ Zoology\_\_\_\_\_

II LANGUAGE \_\_\_\_\_ Grand total\_\_\_\_\_ Aggregate% \_\_\_\_\_ Group %\_\_\_\_\_

22. Do you claim reservation under any one or more of the following Categories?

If yes indicate (✓) mark in the appropriate box. Enclose Xerox Copies of relevant certificate.

N.C.C.	Sports	P. H.	CAP	S.C.	S.T.	BC-A	BC-B	BC-C	BC-D	BC-E	OC

- i) If SC, indicate the Sub-caste. : \_\_\_\_\_
- ii) If BC, Name & S. No. of Community. : \_\_\_\_\_
- iii) If NCC, Level / Grade of Certificate held. : \_\_\_\_\_
- iv) If Sports, State the Game / Sports, year and level of Participation : \_\_\_\_\_
- v) If Children of Armed Personnel (CAP)
- a) Is your father an Ex-serviceman or In-Service? : Ex-serviceman / In-Service
- b) i) State to which he belongs? : \_\_\_\_\_
- ii) Present place of posting (if in service) : \_\_\_\_\_
- vi) If physically Handicaped, state the nature and Percentage of handicap : \_\_\_\_\_
- vii) Furnish particulars under NRI / Foreign students' quota if applicable. : \_\_\_\_\_

## DECLARATION OF THE CANDIDATE

I declare that all the above particulars furnished by me are correct to the best of my knowledge and I have not suppressed any facts. If any of the information furnished above is found false / incorrect at any time, my application is liable for rejection and my admission may be cancelled at any time during the course of my study. I am aware that no refund of fee will be made on cancellation of my admission or for seeking admission elsewhere. I am also aware that if I discontinue my studies at any time during the course of my study, I shall pay the balance / arrears of fee for the remaining years / semesters. I shall complete my course in the stipulated period failing which I shall pay the fee for additional instructional hours.

I am aware of the rules and regulations of the college governance, discipline, conduct and character and abide by the same in addition to rules and regulations of college that will come into force from time to time.

Date :

Signature of the Student

Name :

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## DECLARATION BY THE PARENT / GUARDIAN

I ..... (Name of the Parent / Guardian) agree to the admission of my Son / Daughter / Ward / Spouse ..... into B. Pharmacy in your college and declare that :

- a. I fully take the responsibility to make all the payments in time towards his / her admission i.e. yearly tuition fee, miscellaneous fee and any other fee including late fee prescribed by college or any other authority.
- b. I further declare that I shall pay the entire course fee in case my ward / spouse discontinues his/her studies at any point of time during the duration of his / her course.
- c. I further declare that I shall pay the tuition fee of my ward/spouse even if fee reimbursement scholarship is not granted.
- d. No refund of fee will be claimed by me at any time and no legal litigation whatsoever will be raised by me or my ward / spouse against the college authorities at any time.
- e. I shall take full responsibility for the good conduct character and discipline of my ward /spouse during the entire period of his/her B. Pharmacy studies.

Date :

Signature of the Parent / Guardian

Name:

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## CHECK LIST

Enclose the following Xerox copies in the sequence mentioned below. Indicate ( ✓ ) mark in the bracket against each you have enclosed.

1.  Application form for admission duly filled in.
2.  EAMCET Rank Card.
3.  EAMCET Hall Ticket.
4.  SSC Certificate.
5.  Memorandum of Intermediate or Equivalent Examination Passed.
6.  a) Study Certificate in support of 16(A) of application (From class VI to Intermediate).  
 b) Residence certificate in support of 16(B) of application.  
 c) For Non- Local candidates documentary proof in support of 16 (C) of application.
7.  Copy of Caste Certificate in case of BC / SC / ST Candidates.
8.  Transfer Certificate  Bonafied Certificate  Conduct Certificate.
9.  Six recent passport size colour Photographs  Six stamp size colour Photographs.
10.  Equivalence certificate in case of candidates for 10 + 2 from other State than A.P.

## **NUMBER OF CATEGORY-'B' SEATS**

<b>Branch</b>	<b>Current Academic year Intake</b>	<b>"B Cat "</b>	<b>Fees</b>
<b>B. Pharmacy</b>	<b>90</b>	<b>27</b>	<b>Rs. 50,200/-</b>
<b>PHARMA.D</b>	<b>30</b>	<b>09</b>	<b>Rs. 75,000/-</b>

### **NOTE :**

- Separate application to be submitted for each branch.
- The application can be obtained from the college office on payment of Rs. **500/-** towards the application fee or can be downloaded from the college website. A DD of Rs. **500/-** drawn in favour of **"Nalanda Institute of Pharmaceutical Sciences"** payable at Sattenapalli should be added to the applications downloaded through online mode.
- The filled in application forms along with DD (for the application obtained from online mode) and all enclosures should reach **The Principal, Nalanda Institute of Pharmaceutical Sciences** , Siddharth Nagar, Kantepudi(V), Sattenapalli(M) Guntur (Dt) 522 438 on or before 17.07.2017.
- Applications can also be submitted to the Email ID, [nalanda.office@gmail.com](mailto:nalanda.office@gmail.com). Applicants who submit their applications online should also send the hard copy of the application to the above said address. The application(s) in hard copy should reach the Principal's office on or **before 17.07.2017 by 05.00 PM. The college is not responsible for any postal delay.**
- Applications can also be downloaded from the College web site [www.ngi.ac.in](http://www.ngi.ac.in)
- **Candidates seeking admission under 'B' category are not eligible for any government scholarships / fee reimbursement.**
- **Further details Contact : 99487 66625 /99487 66624 /99487 66623**
- **08641 -237863/64/65**

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