



MALLAREDDY COLLEGE OF PHARMACY
Maisammaguda, Dhulapally, Kompally, Secunderabad-500100
Application form for seeking Admission into Category B seats of
First year B.Pharmacy/Pharm.D/M.Pharmacy courses
for the academic year 2024 - 2025

Affix latest
passport
size colour
photograph

1. Name of the Applicant
(in Block letters as per qualifying Examination) : _____
2. Date of Birth (dd-mm-yyyy) : _____
(As per SSC - Enclose Photocopy)
3. Father's Name : _____
4. Mother's Name : _____
5. Address for Communication : _____
(with Pin Code)

6. Telephone (With STD code) : _____ Mobile No. _____
7. a) Name of the qualifying examination : _____
b) State from which the candidate passed
the qualifying examination : _____
c) Month and Year of passing : _____
d) Total Marks & Marks percentage
:(Enclose Photocopy of certificate)
8. Rank in EAMCET : _____
(Enclose photocopy of Rank card)
9. Rs. 1000/- Cash / D.D.No. _____ Date: _____ Bank & Branch: _____
10. Course Applied : _____

DECLARATION

We hereby declare that all the information furnished above is true to the best of our knowledge. We are aware and give you undertaking that our application form can summarily be rejected if any information provided is misrepresented.

Signature of the Applicant

Signature of the Parent / Guardian

Date: