

ACADEMY OF MEDICAL EDUCATION'S  
**V.L.COLLEGE OF PHARMACY**  
**RAICHUR-584 103.**

Phone No.08532-240952; Fax – 08532-240405

Affix  
Stamp size  
Photograph

Application for Admission to Bachelor of Pharmacy Course  
(Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)  
(Approved by Pharmacy Council of India & AICTE, New Delhi)

**Admission to First / Second / Third / Final Year B.Pharm.**

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1. NAME OF THE APPLICANT :  
(In block letters, as entered  
In the S.S.C. marks card)

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2. NAME OF THE FATHER :

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3. SEX :  
Age & Date of Birth (as entered :  
In the S.S.C. marks card)

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4 Name & full address :  
  
Phone No & Mobile No. :

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5. Name & Address of the  
Institution where the :  
Candidate last studied

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6. Academic Qualification (Tick the appropriate)	P.U.C. Science	Intermediate Science	Higher Secondary Science	D.Pharm.	Pre-Degree Science	B.Pharm. .....Year
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7. Marks secured in the  
Percentage  
qualifying examination  
a) P.U.C. / Intermediate /Higher  
Secondary / Pre-Degree in :  
Science subjects only  
PCB / PCM / PCMB)  
b) D.Pharm. Final year all subjects :

	Total max.	Total marks	
	marks	obtained	of marks

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8. NATIONALITY: RELIGION: CASTE:  
  
Whether the candidate belongs to :  
SC / ST if so mention &  
enclose a caste certificate

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9 Remarks : Candidate should have completed 17 years by 31<sup>st</sup> December of the year for First Year B.Pharm. Admission

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10. Enclose

- i) Application Fee of **Rs. 200/-** in the form of **DD** favoring **V.L.College of Pharmacy, Raichur.**
  - ii) Xerox copies of X class / 10 + 2 Marks Card & T.C.
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**Declaration:** We do hereby declare that all statements given above are correct and true.

*Signature of the Parent or Guardian*

*Signature of the Candidate*

Place :

Date:

**FOR OFFICE USE ONLY**

Fees paid Rs.: \_\_\_\_\_, Receipt No.: \_\_\_\_\_ Date : \_\_\_\_\_

*Accountant*

*Office Superintendent*

*Principal*