

ACADEMY OF MEDICAL EDUCATION'S  
**V.L.COLLEGE OF PHARMACY**  
**RAICHUR-584 103. (Karnataka)**  
Phone No.08532-240952; Fax – 08532-240405

Affix Stamp  
size  
Photograph

**APPLICATION FOR ADMISSION TO THE DIPLOMA IN PHARMACY COURSE**

Last date for receiving the application.....

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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. Candidate's Postal address in full :

Ph.No. & Mobile No. :

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5. District & State to which the candidate belongs :

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6. Qualification and Subjects taken in the previous :  
Examination with Reg.No.  
Year & Month

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7. Average percentage of marks obtained in :  
P.U.C. / Intermediate

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8. NATIONALITY: RELIGION: CASTE:

If He / She belongs to S.C./S.T./B.C.  
B.T./B.C. M./ B.S.G. enclose Caste Certificate.

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9. Whether enclosed the following

i) Xerox copies of P.U.C./ Intermediate :  
Marks Card, T.C. & Conduct Certificate.

ii) APPLICATION FEE : DD of Rs.100/-  
(Kindly enclosed the application fee of **Rs.100/-** in the form of **DD** in the name of  
**V.L.COLLEGE OF PHARMACY, Raichur**)

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10. Remarks :

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Signature of the Candidate

Place :  
Date :

**FOR OFFICE USE ONLY**

Fees paid Rs. .... Receipt No..... Date:.....

*Accountant*

*Office Superintendent*

*PRINCIPAL*