

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

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APPLICATION FOR ADMISSION TO MASTER OF PHARMACY COURSE

1. NAME OF THE APPLICANT
(in full in block as entered in SSC :
Marks Card)

2. NAME OF THE FATHER :

3. SEX :
Age and Date of Birth :

4. Name and address of the :
Parent or guardian with
Phone No. & Mobile No.

5. Place to which the Candidate belongs	Pin Code	Taluk	District	State

6. Name and address of the :
Institution and University where
The candidate last studied.

7. Marks Secured in the Qualifying examination (B.Pharm)	Aggregate Percentage of Marks Obtained year wise				Average Marks
	I- B.Pharm	II-B.Pharm	III-B.Pharm	IV-B.Pharm	All the 4 years

8. a) Caste to which candidate belongs :
b) Whether the candidate belongs
to SC / ST / :

- | | | |
|---|-----------------------------|--------|
| 9. Mention the specialization desired
In the order of preference | 1) Pharmaceutics | () |
| | 2) Pharmaceutical Chemistry | () |
| | 3) Pharmacology & Bio-assay | () |

INSTRUCTION:

- 1) Incomplete application & application without application fee will be rejected will be rejected without intimation
- 2) Enclose the following certificates (Xerox copies)
 - a) B.Pharm degree Marks card of all the four years
 - b) B.Pharm degree certificate if available
 - c) Character and conduct certificate from the head of the Previous Institution

NOTE: Along with application, enclose **DD** for **Rs.500/-** favoring **V.L.College of Pharmacy, Raichur.**

Place:
Date:

Signature of the Applicant