

COUV

BPH01

Admission No :

23Z51R0066

Geethanjali College of Pharmacy

Cheeryal (V) Keesara (M) Medchal District. Ph : 9959390412
(Approved by PCI New Delhi and Permanently Affiliated to JNTUH)

Sponsored by :

Teja Educational Society,
Hyderabad.
Ph : 040-24221626, 24221662

REGISTRATION FORM FOR Pharmacy Programme 2023 - 2027

B. Pharmacy / M. Pharm / Pharm. D / Pharm. D (PB)

- Pharmaceutics** **Pharmaceutical Analysis**
 Pharmaceutical Regulatory Affairs



Note : Read carefully the instructions given in the prospectus before filling the form.
 Incomplete applications without necessary documents are liable to be rejected

1) Name of the Candidate (as per SSC Certificate) : Danture Sree Divya

2) Sex : Male Female Blood Group A+

3) Name of Father / Guardian (as per SSC Certificate) : Danture Ashok

4) Occupation of Father / Guardian : Bussiness E-mail ID Sreedivyadanturi@gmail.com

5) Date of Birth : DATE 26 MONTH 11 YEAR 2004

6) Religion : Hindu Year of Passing Inter/UG 2021-2022

7) Social Status / Reservation (OC ; Girls ; Physical Handicapped; BC-A,B,C,D; SC-A,B,C,D; ST; Others) : BC-A Registration No. 2259260882

8) Entrance Hall Ticket No : 2312A04185 Percentage of marks 86

9) Entrance Rank : 24050 Student E-mail Sreedivyadanturi@gmail.com

10) Address for communication with pin code : Aadhar No. 657026420381

Present Address

H. No. : 1-53/57
 Street Name : Sai durga Nagar
 Village : Naganam
 Mandal : Medchal keesara
 Dist. : Medchal
 Phone No. of Parent / Guardian } Land Line :
 Mobile : 6302337959
 Pincode 5 0 0 0 8 3

Permanent Address

H. No. : 1-53/57
 Street Name : Sai durga Nagar
 Village : Naganam
 Mandal : keesara
 Dist. : Medchal
 Phone No. of Parent / Guardian } Land Line :
 Mobile : 6302337959
 Pincode 5 0 0 0 8 3

Signature

PRINCIPAL
 Geethanjali College of Pharmacy
 Cheeryal (V), Keesara (M),
 Medchal Dist., (T.S.) 501 30

Student Mobile No. : 6305687675 (Student), 6302337959 (mother), 7842692639 (father)

11) Mother Tongue : Telugu

12) Monthly Income of Parent / Guardian : 15,000

13) School & Colleges where last studied :

	Name of the Institution	Years of Study	Class / Division	% Marks	Medium
A) S.S.C	Shivappa High School	2015-2020	VI to X	97%	English
B) Inter	Seichaitanya Junior Kalasala	2020-2022		86%	English
C) Degree					

14) Whether siblings / relatives studying in this group of institutions - Yes / No.
If yes give full details

Yes,
15-7-570/A, Begum Bazar
Hyderabad, Telangana

15) Parents Birth Place and Full Address :

15-7-570/A, Begum Bazar
Hyderabad, Telangana

16) Are you resident of T.S. (if not mention the state to which you belong) :

Yes

17) Identification Marks :

1. A mole Near the left eyebrow
2. A mole on the right hand.

Signature
PRINCIPAL
Geethanjali College
Cheeryal (V), K...
Medchal Dist., (T.S.)

Declaration by the Student

solemnly state that I had carefully read through the rules and regulations stipulated by the prospectus and I agree to abide by them. In case if I violate any of the conduct, discipline, etc. I understand that I am liable for punishment. I solemnly affirm that I will not indulge in any discipline, ragging, strikes and other such activities. In case of any misbehaviour on my part I may be removed from the institution and the Principal / Correspondent may cancel my admission without any further notice. I declare that management is not responsible for my personal health issues.

Your's Obediently.

09/2023

D. Sree Divya
Signature of the Student

Indertaking by the Parent / Guardian

Management
College of Pharmacy
Keesara (M), Medchal Dist.

Mr. Ashok
Sree Divya..... Parent / Guardian of Miss / Mr
..... hereby assure that I will be held
responsible for payment of college fees and other fees of my ward. In case my ward discontinues studies at
whatever reason, we will pay the full amount of tuition fees that my ward would have paid, had he / she
completed the course upto completion.

I declare that my ward would abide by the rules and regulations of the college with respect to discipline, code of
conduct and attainment of standards. I also agree that it will be to the absolute discretion of the college
to cancel the admission of my ward at any time if they find that my ward has violated the rules of discipline,
conduct or academic performance.

I declare to extend full co-operation to the staff by encouraging from time to time, regarding the performance of
my ward and monitor her / his progress at home.

I declare that management is not responsible for my personal health issues.

Sincerely,
PRINCIPAL
Sri Anjali College of Pharmacy
Keesara (M), Keesara (M),
Medchal Dist., (T.S.) 501 301
Your's Sincerely,

2023

D. Ashok
Signature of the Parent / Guardian

FOR OFFICE USE

ORIGINAL AND ONE SET OF PHOTOSTAT COPIES OF THE CERTIFICATES TO BE ENCLOSED

CHECK LIST :

- | | |
|--|-------------------------------------|
| 1) Memorandum of Marks (X, Inter, Degree) | <input checked="" type="checkbox"/> |
| 2) Transfer Certificate | <input checked="" type="checkbox"/> |
| 3) Bonafide Certificate | <input checked="" type="checkbox"/> |
| 4) Caste Certificate | <input checked="" type="checkbox"/> |
| 5) Migration Certificate | <input type="checkbox"/> |
| 6) Income Certificate of Parent / Guardian | <input checked="" type="checkbox"/> |
| 7) Six Photographs | <input checked="" type="checkbox"/> |
| 8) Provisional Certificate | <input type="checkbox"/> |

Verified by :



- 1) Admission section
- 2) General Administration


Principal

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M),
Medchal Dist., (T.S.) 501 301

Note : Students should keep sufficient number of Photostat copies of original certificates with them before submitting the originals at the time of admission. Originals submitted will be returned only after verification.