

UNDERTAKING BY THE PARENT / GUARDIAN

I, Parent/Guardian of Mr. / Kum
agree, accept and abide by all the rules of the college which are in force from time to time.
I also agree to abide by the decision of the principal with regard to my ward in all matters
of discipline concerning to the institute activities.
I shall be solely responsible for the timely payment of all sorts of fees as fixed by the college
from time to time.
I here by give an undertaking, that I will withdraw my ward from the college, if my ward's
presence in the college is detrimental to the interests of the college like involving in the
act of ragging, eve teasing, using mobile phones in the campus, causing damage to the assets
of the college, etc.
I have carefully gone through the guidelines, rules and regulations for admission of my ward
and I agree to abide by the same.

SIGNATURE OF THE PARENT / GUARDIAN

ACKNOWLEDGEMENT

I hereby acknowledge that the above information given is true to the best of my knowledge
and I will abide by the rules and regulations of the institute.

SIGNATURE OF THE STUDENT.

VJ'S COLLEGE OF PHARMACY

(Approved by AICTE, Affiliated to Andhra University and recognized by Govt. of A.P)

DIWANCHERUVU, RAJAHMUNDRY – 533103

0883-6452323, 6452424, vjsedu@yahoo.co.in

APPLICATION CUM STUDENT PROFILE FORM

APPLICATION NO

ADMISSION NO

1. NAME OF THE STUDENT :
2. SEX : MALE/FEMALE
3. DATE OF BIRTH :
4. MOTHER TONGUE :
5. NATIONALITY, RELIGION & CASTE:
6. ADMISSION SOUGHT IN : I/II YEAR B.PHARM
7. MODE OF ADMISSION : MANAGEMENT / COUNSELING
8. EAMCET / ECET RANK :
9. ADDRESS :

PERMANENT ADDRESS		LOCAL ADDRESS	
DOOR NO		DOOR NO	
STREET		STREET	
AREA		AREA	
TOWN		TOWN	
PIN:	TEL:	PIN:	TEL:
MOBILE:		MOBILE:	
E-MAIL		E-MAIL	

AFFIX FATHER'S
RECENT
PASSPORT SIZE
PHOTOGRAPH

AFFIX
STUDENT'S
RECENT
PASSPORT SIZE
PHOTOGRAPH

AFFIX
MOTHER'S
RECENT
PASSPORT SIZE
PHOTOGRAPH

10. FATHER'S NAME :
QUALIFICATION
OCCUPATION

11. MOTHER'S NAME :
QUALIFICATION
OCCUPATION

12. ANNUAL INCOME OF THE PARENT

13. PREVIOUS EDUCATIONAL DETAILS:

NAME OF THE EXAMINATION	YEAR	SCHOOL/COLLEGE	% OF MARKS	MEDIUM OF INSTRUCTION
S.S.C.				
INTERMEDIATE				
D.PHARM				

14. ACADEMIC ACHIEVEMENTS :

15. EXTRA CURRICULAR ACTIVITIES :

16. HOBBIES :

17. WHETHER COLLEGE TRANSPORT REQUIRED : YES/NO

18. WHETHER HOSTEL FACILITY REQUIRED : YES/NO

18. PERSONAL IDENTIFICATION MARKS :

19. EMERGENCY MEDICAL INFORMATION :

A) BLOOD GROUP

B) DO YOU HAVE ANY CHRONIC ILLNESS: YES/NO (IF YES, GIVE DETAILS)

C) LIST OUT THE EMERGENCY MEDICINES

D) NAME, ADDRESS & CONTACT NO. OF YOUR CONSULTING DOCTOR:

20. ADDITIONAL INFORMATION, IF ANY

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENT

FOR OFFICE USE ONLY

ORIGINAL CERTIFICATES SUBMITTED

1. EAMCET/ECET ALLOTMENT ORDER

2. EAMCET/ECET RANK CARD

3. MARKS MEMORANDUM OF INTERMEDIATE OR EQUIVALENT

4. MARKS MEMO OF SSC OR EQUIVALENT

5. STUDY CERTIFICATE FROM 6TH TO INTERMEDIATE

6. TRANSFER CERTIFICATE

7. CASTE CERTIFICATE