



**MALLAREDDY COLLEGE OF PHARMACY**  
**Maisammaguda, Dhulapally, Kompally, Secunderabad-500100**  
**Application form for seeking Admission into Category B seats of**  
**First year B.Pharmacy/Pharm.D courses for the academic year 2018 - 2019**

Affix latest  
passport  
size colour  
photograph

1. Name of the Applicant  
(in Block letters as per qualifying : \_\_\_\_\_  
Examination)
2. Date of Birth (dd-mm-yyyy) : \_\_\_\_\_  
( As per SSC - Enclose Photocopy)
3. Father's Name : \_\_\_\_\_
4. Mother's Name : \_\_\_\_\_
5. Address for Communication : \_\_\_\_\_  
(with Pin Code)  
\_\_\_\_\_  
\_\_\_\_\_
6. Telephone (With STD code) : \_\_\_\_\_ Mobile No. \_\_\_\_\_
7. a) Name of the qualifying examination :  
b) State from which the candidate passed  
the qualifying examination :  
c) Month and Year of passing :  
d) Total Marks & Marks percentage :  
(Enclose Photocopy of certificate)
8. Rank in EAMCET :  
(Enclose photocopy of Rank card)
9. Rs. 1000/- Cash / D.D.No. Date: Bank & Branch:
10. Course Applied :

**DECLARATION**

We hereby declare that all the information furnished above is true to the best of our knowledge. We are aware and give you undertaking that our application form can summarily be rejected if any information provided is misrepresented.

Signature of the Applicant

Signature of the Parent / Guardian

Date: