



Dr. K.V Subba Reddy Institute of Pharmacy

(Approved by AICTE, P.C.I. New Delhi & Permanently Affiliated to JNTUA Anantapuramu,

MOU with Government General Hospital & KMC, Kurnool)

Opp : Dupadu R.S., N.H - 44, KURNOOL - 518 218, A.P.

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Application for Admission for 20____20____

B.Pharm :

Pharm.D :

M.Pharm :

Category :

Management /
Convenor

CET H.T. No. :

RANK :

% of Marks :

Passport Size
Photograph

1. Name in Full as per SSC (in Block letters) :
(A) Aadhar No.
2. Name of the Father & Occupation :
3. Name of the Mother :
4. Gender : Male / Female
5. Date of Birth as per Records :
6. Address for Communication :
along with phone Nos.
7. Name of the College / Board where
previous course was completed :
8. (i) Nationality, Religion & Caste :
(ii) Reservation Category
9. Local Area (Tick the appropriate) : SVU / AU / Non-Local
10. Name, Address and Phone No. of Local
Guardian (if any) :

Declaration by the Student & Parent

I Mr. / Ms. _____ S/o D/o _____

do here by declare that all the particulars furnished above are true and correct to the best of my knowledge and belief. As a student, I undertake to abide by the Rules of Discipline and I will put in a minimum of 80% Attendance for promotion to the next semester. As parent, I undertake to pay all the fees payable by my ward to the college and the university. I will be responsible for the behavior and conduct of my ward during the course of study in this college. In case of dropout / request for transfer, I will pay the total fees payable for the complete course period.

Date : _____

Signature of the Parent _____

Signature of the Student _____

Admitted _____

Date : _____

Principal _____