



# TRINITY COLLEGE OF PHARMACEUTICAL SCIENCES

Approved by AICTE, New Delhi, PCI, New Delhi & Affiliated to SU, Karimnagar.

PEDDAPALLY - 505 172, KARIMNAGAR-DIST. A.P.

Ph : 08728-224349, 224350

## ADMISSION FORM

B. PHARMACY / M. PHARMACY ( ) Admission Academic Year: \_\_\_\_\_

Convener/Spot/Management EAMCET/ECET/GPAT/PGECET H.T.No. \_\_\_\_\_ Rank \_\_\_\_\_

Admission No. \_\_\_\_\_ Admission Date \_\_\_\_\_

(Fill the form in BLOCK LETTERS)

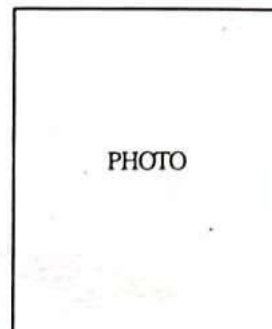
Name of the Student (As per SSC): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Caste \_\_\_\_\_ Sub Caste \_\_\_\_\_

Male / Female Physically handicapped : Y/N if Y Disability Percentage \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_



### Academic Qualifications :

Qualification	School / College Name	Board / University	Group	Total Marks / Obtained Marks	%	Year of Pass
S.S.C.						
Intermediate						
Diploma						
B. Pharmacy						

### Present Address :

H.No. : \_\_\_\_\_

Street : \_\_\_\_\_

Village : \_\_\_\_\_

Mandal : \_\_\_\_\_

Dist. : \_\_\_\_\_

Pin Code : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

### Permanent Address :

H.No. : \_\_\_\_\_

Street : \_\_\_\_\_

Village : \_\_\_\_\_

Mandal : \_\_\_\_\_

Dist. : \_\_\_\_\_

Pin Code : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

**Enclosures (Xerox Copies) :** SSC Memo, Inter Memo, B. Pharmacy Consolidated Memo, TC, Caste Certificate, Income Certificate, Ration Card, CET Rank Card, Allotment order Copy & 3 Passport Size Photos.

**Administrative Officer/Principal Signature**

## DECLARATION BY THE APPLICANT

I \_\_\_\_\_ S/o / D/o. \_\_\_\_\_

Declare that all particulars furnished above are correct. If any of my statements found incorrect on scrutiny, my application may be rejected and admission may be cancelled at any time during the course of study. I have not suppressed any information. I shall abide by the decision of the management of Trinity College of Pharmaceutical Sciences. Any canvassing for admission will disqualify the candidate.

**Signature of the Student**

## DECLARATION OF PARENT / GUARDIAN

I \_\_\_\_\_ certify that particulars furnished by my Son/Daughter \_\_\_\_\_ are correct. If any of these statements is found incorrect on scrutiny admission may be cancelled at any time during the course of study. I shall be solely responsible for his/her conduct, good behavior and compliance with the rules enforced from any time during the entire period of his/her study in the college. The decision of the management of the college is final in all matters. I shall be responsible for timely payment of tuition fee and other fees prescribed by the management.

Place:

Date :

**Signature of Parent**