



CHEBROLU HANUMAIAH INSTITUTE OF PHARMACEUTICAL SCIENCES
(Sponsored by Nagarjuna Education Society)

(Private Un-aided Non- Minority Institution)

(Affiliated to Acharya Nagarjuna University - Approved by PCI & AICTE)

Accredited by NAAC

CHANDRAMOULIPURAM :: CHOWDAVARAM :: GUNTUR-522 019

APPLICATION FORM FOR ADMISSION INTO I YEAR B.PHARM / PHARM.D COURSE
UNDER 15% CATEGORY 'B' NRI & NRI SPONSORED SEATS AND
15% CATEGORY 'B' NON-NRI SEATS FOR THE ACADEMIC YEAR 20__ - 20__

Date of Receipt of Application } Regd. No. }

Affix passport size photograph

01. Name of the Applicant :
(in Block letters)

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02. a) Father's name :

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b) Mother's Name (with Maiden Surname) :

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03. Date of Birth :
(Enclose copy of SSC Certificate)

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04. Nationality & Category :

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OC/BCA/BCB/BCD/BCC/BCE/SC/ST

05. Address for Correspondence :
(With Telephone No's)

Land Line:	Mobile:

06. Permanent Address :
(With Telephone No's)

Land Line:	Mobile:

07. Occupation of the Parent :

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08. a) Office Address of the Parent :

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b) Annual Income of the Parent :

09. Details of Qualifying Examination

a) Name of the Qualifying Examination :
Passed (with Group Subjects)

b) Month & year of Passing :

c) Name of the Board :

d) Institute Last Studied :

e) Total Marks Obtained with % at
Qualifying Examination :

Year	Marks Obtained	Maximum Marks
1 st Year		
2 nd Year		
Total		
Percentage		

f) Marks Obtained in Group with % at
Qualifying Examination :

Year	Marks Obtained	Maximum Marks
1 st Year		
2 nd Year		
Total		
Percentage		

10. Rank Secured in **EAMCET-20**____
(Enclose copy of Hall Ticket & Rank Card):

H.T No.	Rank :
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11. Rank secured in NEET – 20____ :
(Enclose Copy of Hall Ticket & Rank Card)

H.T No.	All India Overall Rank	State Rank
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12. Application / Registration Fee paid in Cash/ D.D : Rs. _____
(D.D In favour of "Chebrolu Hanumaiah Institute of Pharmaceutical Sciences", Payable at Union Bank of India, Chowdavaram Branch).

DECLARATION

We declare that the statements made in this Application are true. We accept that any statement made in the application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

Signature of the Applicant

Signature of the Parent

Date:

Undertaking to be executed by Mr./Ms. _____
S/o, D/o _____ seeking admission
into I Year B.Pharmacy / Pharm.D Course in Chebrolu Hanumaiah Institute of Pharmaceutical
Sciences.

I _____ S/o, D/o _____
Native _____ Mandal _____
District _____ hereby give the following
undertaking/agreement.

At the time of admission into B.Pharmacy / Pharm.D Degree Course in Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Chowdavaram. I was fully explained by the Principal that in case I leave the above institution on my own accord on Transfer Certificate before the completion of four / Six years, I will be required to pay the balance of Tuition Fee due from me at the rate of _____ or the fee fixed by the Government of AP for the unexpired portion of the Pharmacy Degree Course of four / six years duration. Having fully aware of the above condition I am joining the 4-year B.Pharmacy / 6-year Pharm.D Degree Course in the above institution.

I further undertake that I will not seek for the waiver of the condition stipulated above in any court of law and further agreed that I will pay the balance fees as stated above for the unexpired portion of the 4-year / 6-year course, in case I leave the institution on my own accord and if I fail to pay the same, the college authorities shall recover the same from my personal properties.

Signature of the candidate

Guarantor

Date:

Signature of Parent/Guardian

DECLARATION BY THE STUDENT

01. Name of the student :

02. Father's Name :

03. Address for communication :
(IN BLOCK LETTERS)

04. (a) Sex:

(b) Category (Put mark on the concerned)

OC	BC					SC	ST	NCC	PH	Ex-servicemen
	A	B	C	D	E					

05. (a) Rank: (b) Course: Merit/Management Quota seat

06. Date of admission:

All the information furnished above is true.

I am aware of the promotional rules of B.Pharmacy / Pharm.D in Acharya Nagarjuna University.

I assure that I shall not indulge in ragging in any manner and I am aware of the punishments in Prohibition of Ragging Act.

I shall abide by the discipline and conduct rules and practices adopted by the college from time to time and shall not appeal against any punishment imposed by the college for violation of norms of conduct & discipline.

In second week of every month, I shall meet our in-charge of attendance and marks to collect my copy of attendance and/or marks particulars and to sign on three copies of the same. Also, I ensure that correct mailing address of our parents is furnished in records from time to time by informing the change, if any.

Place :

Date :

Signature of the student

For Office use only

Roll No:

Section:

DECLARATION BY THE PARENT / GUARDIAN

01. Name of the student :

02. Father's name :

03. Address for communication :
with PIN Code
(IN BLOCK LETTERS)

All the information furnished above is correct.

I am informed that, as per Acharya Nagarjuna University rules, securing 80% of attendance and scoring 50% of internal marks is compulsory for appearing for University Examinations as otherwise the student will be detained in the same year.

Further, I am informed that a letter containing particulars of attendance and / or marks will be dispatched to us in every month. Hence, I shall take necessary measures to improve the performance of my son/daughter/ward.

Also, I assure that I shall be contact with the concerned attendance in-charge in case of non-receipt of such letters. Further, I declare that it is my responsibility to inform any change in my mailing address, if any, and I shall co-operate with the administration to maintain discipline.

I am aware of the promotional rules of B.Pharmacy / Pharm.D in Acharya Nagarjuna University.

I assure that I shall take necessary measures so that my son/daughter/ward will not indulge in ragging in any manner and I am aware of the punishments in Prohibition of Ragging Act.

I shall not appeal against any punishment imposed by the college on my son/daughter/ward for violation of norms of conduct and discipline that are adopted by the college from time to time.

Place :

Date :

Signature of the Parent/Guardian

Certificates to be Enclosed (Xerox Copies):-

- (1) SSC or its equivalent certificate (photocopy).
- (2) Marks sheet of Intermediate or its equivalent for ascertaining completion of qualifying examination (photocopy).
- (3) NEET hall ticket and rank card (photocopy).
- (4) EAMCET hall ticket & rank card (photocopy).
- (5) Intermediate Transfer Certificate (photocopy).
- (6) Study Certificates (last seven years) (photocopy).

Important Notes:-

- (1) Filled in Application with photo copies of the relevant certificates as mentioned in enclosures (1 to 6) above together with Cash / D.D. for **Rs.1,000/-** drawn in favour of "**Chebrolu Hanumaiah Institute of Pharmaceutical Sciences**" payable at Union Bank of India, Chowdavaram Branch.
(1483), Guntur (Dt.) towards Non-refundable Application / Registration fee should be submitted at "**College Office, Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Chandramoulipuram, Chowdavaram, Guntur-19**".
- (2) Applications can also be submitted online along with scanned copies of all enclosures (1 to 6) listed above through the college website / e-mail: chipsguntur@gmail.com.
- (3) Applicants who submit their applications online should also send the hard copy of the application along with enclosures (1 to 6) & D.D. to the "**Office, Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Chandramoulipuram, Chowdavaram, Guntur-19**".
- (4) The filled in applications shall reach the "**Office, Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Chandramoulipuram, Chowdavaram, Guntur-19**".
- (5) **The college is not responsible for any postal delay.**
