



# CHEBROLU HANUMIAH 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 M.PHARM COURSE UNDER 30 % CATEGORY 'B' SEATS FOR THE ACADEMIC YEAR 20\_\_ - 20\_\_

Date of Receipt of Application } Regd. No. }
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Affix passport size  
photograph

Branch Applied for : \_\_\_\_\_

(Read the Important note before filling in the Application)

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


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 :

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 <sup>st</sup> Year		
2 <sup>nd</sup> Year		
3 <sup>rd</sup> Year		
4 <sup>th</sup> Year		
Total		
Percentage		

10. Rank Secured in **GPAT/PGECET-20** \_\_\_\_\_  
(Enclose copy of Hall Ticket & Rank Card)

H.T No.	Rank :
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11. 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:

**Certificates to be Enclosed (Xerox Copies):-**

- (1) SSC or its equivalent certificate (photocopy).
- (2) Marks sheet of B.Pharmacy or its equivalent for ascertaining completion of qualifying examination (photocopy).
- (3) GPAT/PGECET hall ticket & rank card (photocopy).
- (4) B.Pharmacy Transfer Certificate (photocopy).
- (5) 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.500/-** drawn in favour of “**Chebrolu Hanumaiah Institute of Pharmaceutical Sciences**” payable at Union Bank of India, Chowdavaram Branch, 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 5) listed above through the college website / e-mail: [chipsguntur@gmail.com](mailto:chipsguntur@gmail.com)
- (3) Applicants who submit their applications online should also send the hard copy of the application along with enclosures (1 to 5) & 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.**

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