



SHADAN WOMEN'S COLLEGE OF PHARMACY

(Self Financed Muslim Minority Institution)
Established by Shadan Educational Society, Khairatabad,
Hyderabad - 500 004, A.P. Ph : 040 2330 5545

Approved by the All India Council for
Technical Education, New Delhi,
Affiliated to the JNTU, Permitted by Govt. of A.P.

APPLICATION FORM

APPLICATION FORM No.:

124

REGISTRATION No.:

Admission Card No :-

EAMCET DETAILS			INTERMEDIATE OR EQUIVALENT	
H.T.No.	<input type="text"/>	Marks	<input type="text"/>	
Rank Gen.	<input type="text"/>	MINORITY RANK	<input type="text"/>	Aggregate Percentage <input type="text"/>
MATHS:	<input type="text"/>	PHYSICS:	<input type="text"/>	Groups Percentage <input type="text"/>
	<input type="text"/>	CHEMISTRY:	<input type="text"/>	

Mention Courses in the order of priority		FOR OFFICE USE	LATEST PHOTO
1.		Branch Admitted in	
2.		<input type="text"/>	
Courses offered			
1. MPC 2. BPC			

1. NAME OF THE CANDIDATE (AS IN SSC/EQUIVALENT) IN BLOCK LETTERS	:	<input type="text"/>		
2. NAME OF THE FATHER	:	<input type="text"/>		
3. NAME OF THE MOTHER	:	<input type="text"/>		
4. DATE OF BIRTH (DD/MM/YY) (AS IN SSC/EQUIVALENT)	:	<input type="text"/>	5. GENDER <input type="text"/>	6. MOTHER TONGUE <input type="text"/>
7. PLACE OF BIRTH	:	<input type="text"/>	<input type="text"/>	<input type="text"/>
		COUNTRY	STATE	CITY/TOWN

8. ADDRESS FOR
COMMUNICATION & PHONE No. :

9. PERMANENT ADDRESS :

E-MAIL :

10. Identification Marks 1.
2.

11. Religion 12. Community 13. Category

14. MENTION NAME, ADDRESS & TELEPHONE(S) OF AT LEAST TWO REFREES

1. _____

2. _____

15. DETAILS OF FATHER / GUARDIAN

A. Name : _____
B. Relationship : _____
C. Educational Qualification : _____
D. Name of Organisation/work place : _____
E. Designation : _____
F. Total Annual Income : _____
(from all sources)

16. DETAILS OF MOTHER / GUARDIAN

A. Name : _____
B. Relationship : _____
C. Educational Qualification : _____
D. Name of Organisation/work place : _____
E. Designation : _____
F. Total Annual Income : _____
(from all sources)

17. FURNISH THE DETAILS OF ALL BROTHERS/SISTERS (Own)

	NAME	QUALIFICATION
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

21. DETAILS OF ACADEMICS

CLASS	SCHOOL/COLLEGE ATTENDED PLACE	YEAR OF PASSING	DIVISION OBTAINED	MARKS SECURED	DATE OF JOINING	DATE OF LEAVING	DURATION OF STUDY
INTER/XII							
S.S.C. or EQUIVALENT							
IX							
VIII							
VII							
I to VI							

22. MARKS OBTAINED IN INTERMEDIATE (2 Years)

Physics Chemistry Aggregate Percentage
 Biology / Maths English Aggregate Total
 II Language

NOTE :

1. All entries should be in the candidate's own handwriting (in English) and the candidate would be held personally responsible for any incorrect entries that he/she makes
2. The application forms which are incomplete and do not have relevant certificates are liable to be rejected.
3. After admission, if it is found that any of the statements made in this application are incorrect or false, the college reserves the right to cancel the admission outrightly, and NO REFUND OF FEES shall be made.
4. Candidates who have passed Intermediate or its equivalent examinations only are eligible for the admission into the four years Engineering Course.
5. Candidate should put in a minimum of 90% attendance in each subject, failing which he/she will not be allowed to appear for the University Examination.
6. Medium of Instruction : ENGLISH only.
7. No application will be considered complete, if any information is not provided or found incorrect.

Enclosures :

1. EAMCET Hall Ticket
2. Rank Card.
3. S.S.C. & Intermediate Memo.
4. Transfer Certificate / Migration Certificate.
5. Bonafide certificate from I to X & Intermediate.
6. 3 Photographs.

(DECLARATION BY THE APPLICANT)

I declare that all particulars furnished above are correct. I know that this is a minority Institution, and admission in this College is subject to the conditions laid down by Shadan Educational Society. If any of my statements are 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 Shadan Educational Society. I am also aware that no refund of fees is made on cancellation of my admission or seeking admission else where. Also on my discontinuance at any time during the Course of study I shall pay the balance fees for the remaining years, I shall complete my Course in the prescribed time otherwise I shall pay the fees for additional instruction time.

Date :

Signature of the Candidate

(DECLARATION BY FATHER / GUARDIAN)

I agree to this applicant's admission to the Engineering Course of the University and I shall be responsible for the payment of her fees and other charges. I shall be responsible for her conduct and good behavior during the period of her college career. I shall not demand for the refund of fees paid by me at any time, and agree to this declaration by the applicant. In case, I seek for her transfer to any other college, I shall pay the fees for the remaining years of study.

Place :

Date :

Signature of Father / Guardian