



SWATHI EDUCATIONAL INSTITUTIONS

PHARMACY | PHYSIOTHERAPY | NURSING

KANUPUR BIT-I, VENKATACHALAM (P & M), SPSR NELLORE DISTRICT
ANDHRA PRADESH - 524 320, INDIA
Contact: +91 7330850606 ; +91 9032640301

ADMISSION FORM

IMPORTANT INSTRUCTION TO FILL UP THE APPLICATION

1. WRITE IN BLOCK CAPITALS AND USE DARK BLACK BALL POINT / GEL PEN ONLY.
2. LEAVE A BLANK SPACE BETWEEN WORDS.
3. BEFORE FILLING UP THE FORM, GO THROUGH THE PROSPECTUS, RULES & REGULATION CAREFULLY.
4. SCRIBBLING / OVERWRITING / USING WHITE FLUID IS NOT ALLOWED.
5. DO NOT USE PREFIXES LIKE / SRI / SMT / MR. / MRS. BEFORE NAME / FATHER'S NAME / MOTHER'S NAME.

Affix a recent
passport size
photograph

B.Pharm (4 Yrs)

M.Pharm (2 Yrs)

Pharm.D (6 Yrs)

BPT (4Yrs)

B.Pharm (LES) (3 Yrs)

**Pharmaceutics
Pharmacy Practice**

Pharm.D (PB) (3 Yrs)

B.Sc., Nursing (4 Yrs)

1. Name of Candidate: _____

2. Father's Name: _____ Occupation: _____

Office Address: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____

3. Mother's Name: _____ Occupation: _____

Office Address: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____

4. Date of Birth (DD/MM/YYYY): _____ 5. Nationality (Indian/Others): _____

6. Full Postal Address for Correspondence: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____

7. Permanent Address: _____

_____ Pin Code: _____

Office Phone No.: _____ Mobile: _____

E-mail ID: _____

8. Sex (M/F): _____

9. Marital Status (M-Married / U-Unmarried): _____

10. Category (GE-General / SC - Scheduled Caste / ST - Scheduled Tribe / OBC - Backward & Other Backward Class/ PH-Handicapped): _____ Sub Caste: _____
(For SC/ST/OBC/PH attach attested Photocopies of Certificate as Applicable)

11. Particulars of Qualifying Examination from High School onwards:

Examination	Board/University	Year of Passing	Roll No.	Total Marks Obtained and Percentage (%)	Total Marks and Percentage Obtained in group Subjects (%)

12. Details of EAMCET / PGECET Result (Optional):

EAMCET Hall Ticket No.	Marks Obtained	Merit Rank

DECLARATION BY THE CANDIDATE

I S/D/o hereby declare that the above-mentioned information is correct to my knowledge and belief. Any discrepancy found any time during the course of studies, my admission may be cancelled.

Place:

Date:

(Signature of Candidate)

(Signature of Parent/Guardian)