

22441R00A10



P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

(SPONSORED BY SREE SARASWATHI EDUCATIONAL SOCIETY)

(Approved by AICTE & PCI, New Delhi, Recognized by Govt of A.P., Affiliated to JNTUA, Ananthapuramu)

Recognized u/s 2(f) & 12 (B) of the UGC Act, 1956, New Delhi, ISO 9001 : 2008 CERTIFIED

44/35-1, Prakruthi Nagar, Utukur, KADAPA - 516 003, A.P. India Ph : 08562-246212

Email : prrmcp@hotmail.com

Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B)

Admission No: 22441R00A10 Academic Year: 2022 Course Applied : B.Pharmacy

1. Name : Y. MADHURI
(In Block Letters)

2. Date of Birth as per SSC: 21/08/2004 Gender: Female

3. Mother's Name: Y. Rama lingamma

4. Father's Name: Y. Madhusudhansreddy

5. Aadhar Number of the Student : 603972621838

Mother's Aadhar Number : 293090147140

Father's Aadhar Number : 574873494654

6. Particulars of Parent / Guardian:

a) Name of the Parent / Guardian: Y. Madhusudhansreddy

b) Relationship with the Student: Father

e) Annual income from all sources: 65000

7. a) Address for Communication :

Chintalacheruvu (vill), Chagalamsani (M.D.), Kurnool (Dist)
Andhrapradesh

b) Permanent Address:

Chintalacheruvu (vill), Chagalamsani (M.D.), Kurnool (Dist)
Andhrapradesh

Student Contact No.: Parent Contact No.: 9948435189

8. Nationality, Religion & Caste : Indian Hindu OC Reddy
(Enclose caste certificate if applicable)

9. Mother Tongue: Telugu

Admission Category : Convener / Management Quota



UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of
ion.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college
2. Students should be punctual to the starting time of the college and stay in the college until the final bell is given
3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited
5. Students should not possess Mobile phones in the premises of college campus. If found will be ceased with penalty
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

Y. Madhavi
Signature of the Student

Y. Madhusudana Reddy
Signature of the Parent / Guardian

Contact Details: 6304131443

Contact Details: 9948435189

Address: Chintalacheruvu (vil), Chagalamma (mdl), Kurnool (dist).

DECLARATION

I, Y. Madhusri / D/o Y. Madhusudhan Reddy declare that,

the information given by me in my application is true to the best of my knowledge and belief. I understand that if any of the statements are subsequently found to be untrue, my admission stands void.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be for the administration of the institution or affiliating university. I further undertake that, so long as I am as a student of the institution I will not damage anything either inside or outside the Institution that interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

Y. Madhusri
Signature of the Student

Name: Y. Madhusri

Place: Kadapa

Date: 21/12/2022

I, Y. Madhusudhan Reddy father (or) Guardian of Y. Madhusri who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Y. Madhusudhan Reddy
Signature of Parent /Guardian

Name: Y. Madhusudhan Reddy

Place: Kadapa

Date: 21/12/2022

2244150105



P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

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Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B)

(Pharmacologist)

Admission No:

Academic Year: 2022-23

Course Applied : M. Pharmacy

Pharmacologist

1. Name : KAMTSETTY MOHANA PRAVEENA

(In Block Letters)

2. Date of Birth as per SSC: 08-06-2001 Gender: FEMALE

3. Mother's Name: KAMTSETTY PRASANNA LAKSHMI

4. Father's Name: KAMTSETTY HARI PRASAD

5. Aadhar Number of the Student : 4673 6746 2693

Mother's Aadhar Number : 7953 7258 5296

Father's Aadhar Number : 8911 7168 8136

6. Particulars of Parent / Guardian: Parent

a) Name of the Parent / Guardian: K. Hari Prasad

b) Relationship with the Student: Father

e) Annual income from all sources: 72,000

7. a) Address for Communication :

5/436, Ankamma Nagar, Rly Kodur, Annamayya (Dist), 516101

b) Permanent Address:

5/436, Ankamma Nagar, Rly Kodur, Annamayya (Dist), 516101

Student Contact No: 9966105436 Parent Contact No: 9440949114

8. Nationality, Religion & Caste : Indian, Hindu, Vysya (OC)

(Enclose caste certificate if applicable)

9. Mother Tongue: Telugu

Admission Category : Convener / Management Quota



DECLARATION

I, Kiamisetty Mohana Praveena / D/o. K. Hari Prasad..... declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

K. M. Praveena
Signature of the Student

Name: K. Mohana Praveena

Place: Kadapa

Date: 13-08-22

I, K. Hari Prasad..... father (or) Guardian of K. Mohana Praveena who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

K. Hari Prasad

Signature of Parent /Guardian

Name: K. Hari Prasad

Place: Kadapa

Date: 13-08-22

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college
2. Students should be punctual to the starting time of the college and stay in the college until the final bell is given
3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited
5. Students should not possess Mobile phones in the premises of college campus. If found will be ceased with penalty
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

K.M.Praveena
Signature of the Student

K. Hari Prasad
Signature of the Parent / Guardian

Contact Details: 9966105436

Contact Details: 9440949114

Address: S/436, Ankamma Nagar, Rly Kodur,
Annamayya (Dist), 516101.



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Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No: 2244170027 Academic Year: 2022-23 Course Applied : Pharm-D

1. Name : SYED. ABDUL RAZAK

(In Block Letters)

2. Date of Birth as per SSC: 102/10/2003 Gender: male

3. Mother's Name: Syed. Zareena

4. Father's Name: Syed. Jaffar HUSSAIN

5. Aadhar Number of the Student : 6630 6526 9574

Mother's Aadhar Number : 6329 7774 4230

Father's Aadhar Number : 40630384 0557

6. Particulars of Parent / Guardian:

a) Name of the Parent / Guardian: Syed Zareena

b) Relationship with the Student: MOTHER

e) Annual income from all sources: ONE LAKH/-

7. a) Address for Communication :

8/209-1-5-12 Almaspet Bismillah Nagar Kadapa, 516001

b) Permanent Address:

8/209-1-5-12 Almaspet Bismillah Nagar Kadapa 516001.

Student Contact No: 913300 6485 Parent Contact No: 9553497092

8. Nationality, Religion & Caste : Indian, Muslim, OC

(Enclose caste certificate if applicable)

9. Mother Tongue: Urdu

Admission Category : Convener / Management Quota



UNDERTAKING

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7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.


Signature of the Student


Signature of the Parent / Guardian

Contact Details: 9133006485

Contact Details: 9553497092.

Address: 8/209-1-5-12
Aimespet, Bismillah Nagar, Kadapa.

DECLARATION

I, Syed Abdul Razak S/o / D/o S. Jaffar Hussain declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

S. Razak
Signature of the Student

Place: Kadapa

Name: Sy. Abdul Razak

Date: 22/12/22

I, Ahamed Ali father (or) Guardian of Sy. Abdul Razak who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Ahamed Ali
Signature of Parent /Guardian

Name: S. Ahmed Ali

Place: Kadapa

Date: 22/12/2022

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Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No:

Academic Year:

1. Name: BASIREDDY VAMSIKRISHNAREDDY
(In Block Letters)

2. Date of Birth as per SSC: 06/08/2000 Gender: M

3. Mother's Name: B. AMARAVATHI

4. Father's Name: B. OBUL REDDY

5. Aadhar No. of the Student: 905165221319

Mother's Aadhar No.: 513245774090

Father's Aadhar No.: 504394263740



6. Particulars of Parent / Guardian

a) Name of the Parent / Guardian: B. OBUL REDDY

b) Relationship with the Student: FATHER

c) Annual income from all sources: 1,80,000

7. a) Address for Communication:

4/54, BOREDDY PALLI (W), VALLUR (M), KOPPOLU (P)
GANNRAYA PALLI (Post), KADAPA & A.P. - 516293

b) Permanent Address:

Student Contact No.: 9705441164

Parent Contact No.: 7893900891

8. Nationality, Religion & Caste: INDIAN & OC (Reddy)

(Enclose caste certificate if applicable)

9. Mother Tongue: Telugu

10. Course Applied: Pharm.D (P.B) Admission Category: Convener Quota / Management

DECLARATION

I, B. Vamsikrishna Reddy S/O / D/O B. obul Reddy declare that,

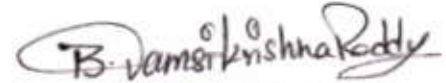
The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.



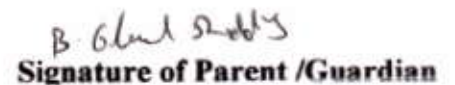
Signature of the Student

Place: Kadapa

Name: B. VAMSIKRISHNA REDDY

Date: 31/10/24

I, B. obul Reddy father (or) Guardian of B. vamsikrishna Reddy who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward


Signature of Parent /Guardian

Name: B. obul Reddy

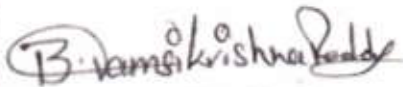
Place: Kadapa

Date: 31/10/24

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

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8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorium in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.



Signature of the Student



Signature of the Parent / Guardian

9705441164

Contact Details:

7893900891

Contact Details:

4/54, Borreddy Palle (V)

Address: valluvu (M)
Kadapa A.P

21441R0009

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P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

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Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No: 21441R0009

Academic Year: 2022

Course Applied :

B. Pharmacy

1. Name : BILLA SUPRIYA

(In Block Letters)

2. Date of Birth as per SSC: 10/07/2004 Gender: FEMALE

3. Mother's Name: BILLA SAVITRI

4. Father's Name: BILLA GOPAL

5. Aadhar Number of the Student : 3824 5132 2805

Mother's Aadhar Number : 2369 5462 9522

Father's Aadhar Number : 2614 1183 3075

6. Particulars of Parent / Guardian: B. GOPAL

a) Name of the Parent / Guardian: B. GOPAL

b) Relationship with the Student: DAUGHTER

e) Annual income from all sources: 60,000/-

7. a) Address for Communication :

1-36, BOYAREVULA (V) VELUGODDU (M), KURNOOL (Dist) AP
518533 (11390848)

b) Permanent Address:

1-36, BOYAREVULA (V), VELUGODDU (M), KURNOOL (Dist)
AP, 518533

Student Contact No.: 81423 88861 Parent Contact No.: 99 59 183605

8. Nationality, Religion & Caste : INDIAN, HINDU & (B.C-D) YADAV (Golla)

(Enclose caste certificate if applicable)

9. Mother Tongue: TELUGU

Admission Category : Convener / Management Quota



DECLARATION

I, BILLA SUPRIYA S/o / D/o B. GOPAL declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

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I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

B. SUPRIYA
Signature of the Student

Name: B. Supriya

Place: KADAPA

Date: 07/02/2022

I, B. GOPAL father (or) Guardian of B. SUPRIYA who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Ashok
Signature of Parent /Guardian

Name: B. ASHOK KUMAR

Place: VELLORE

Date: 07/02/2022

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

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7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

Signature of the Student

B. Supriya

Signature of the Parent / Guardian

[Handwritten Signature]

Contact Details: 8142388861

Contact Details: 9959183605

Address: 1-36, BOYAREVULA, (V)
VELGODE (M)
KURNOOL (Dist) AP, 518533.

1-36, BOYAREVULA, (V)
VELGODE (M)
KURNOOL (Dist),
AP, 518533.



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Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No: 2144 IS0101 Academic Year: 2021-2022 Course Applied: M-PHARMACY

20 2144IS0101

Pharmacology

1. Name : Y. VANDHANA

(In Block Letters)

2. Date of Birth as per SSC: 03-07-1999 Gender: FEMALE

3. Mother's Name: Y. NAGAMANI

4. Father's Name: Y. NATARAJA

5. Aadhar Number of the Student : 7198 8961 0960

Mother's Aadhar Number : 4089 7975 6691

Father's Aadhar Number : 9678 8154 5681

6. Particulars of Parent / Guardian:

a) Name of the Parent / Guardian: Y. NATARAJA

b) Relationship with the Student: FATHER

e) Annual income from all sources: 60,000

7. a) Address for Communication :

DOOR NO :- 19-41-S3-1004, JCB STREET, LAKSHMI PURAM,
TIRUPATHI, CHITTOOR DISTRICT, 517501

b) Permanent Address:

DOOR NO: 11/112, AMBEDKAR NAGAR, ERDUR, CUDDAPAH
ANDHRA PRADESH, 516101

Student Contact No: 9491756176 Parent Contact No: 9542309830

8. Nationality, Religion & Caste : INDIAN, HINDU, SC (MALA)

(Enclose caste certificate if applicable)

9. Mother Tongue: TELUGU



Admission Category : Convener / Management Quota

DECLARATION

I,Y. VANDHANA..... S/o / D/o.....Y. NATARAJA..... declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

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In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

Y. Vandhana
Signature of the Student

Place: KADAPA

Name: Y. VANDHANA

Date: 10-12-2021

I,Y. NATARAJA..... father (or) Guardian ofY. VANDHANA..... who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Y. Nataraja
Signature of Parent / Guardian

Place: KADAPA

Date: 16-12-2021

Name: Y. NATARAJA

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

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9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

Y. Vandhana
Signature of the Student

Y. Nataraja
Signature of the Parent / Guardian

Contact Details: 9491756176

Contact Details: 9542309830

Address: 19-41-53-1004
JOB STREET, LAKSHMI PURAM
TIRUPATHI, CHITTOOR DISTRICT
517501



**ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGE CET - 2021**

Hall Ticket Number:	8110002718	Rank:	10375
Candidate Name:	Y VANDHANA	Father's Name:	Y NATA RAJA
Gender:	FEMALE	Caste / Region:	SC / SVU

PROVISIONAL ALLOTMENT ORDER (for GATE/GPAT/PGE CET CANDIDATES)

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

**P. RAMIREDDY MEMORIAL COLLEGE OF PHARMACY (PRMP1)
in PHARMACOLOGY (PHCOLG) (RGS) , under OC_GIRLS_UR category.**

Tuition Fee fixed for the college/course is Rs.69300 /-.

Tuition fee to be paid by the candidate at the time of admission is Rs. 69300/-

Instructions to Candidates:

1. The candidate is instructed to report by clicking on "Allotment letter and Self-Reporting" under "Forms" tab from website <https://sche.ap.gov.in>.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both Self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for Self reporting and reporting at the allotted College is on 11.12.2021. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. The academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. All the Principals are requested to verify the original certificates viz caste, study, income and Degree/Equivalent certificates of the admitted candidates thoroughly and request to bring to the notice of the Convenor, APPGE CET - 2021 Admissions for any deviation.



APPGE CET-2021 ADMISSIONS

Applicants 5001 1st step OK

97913



P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

(SPONSORED BY SREE SARASWATHI EDUCATIONAL SOCIETY)

(Approved by AICTE & PCI, New Delhi, Recognized by Govt. of A.P., Affiliated to JNTUA, Ananthapuramu)

Recognized u/s 2(f) & 12 (B) of the UGC Act, 1956, New Delhi, ISO 9001 : 2008 CERTIFIED

44/35-1, Prakruthi Nagar, Utukur, KADAPA - 516 003. A.P. India Ph : 08562-246212

Email : prrmcp@hotmail.com

Web: prrmcp.edu.in

Application form for admission into B. Pharmacy / M. Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No: 2144170009 Academic Year: 2022 Course Applied: Pharm.D

2144170009

1. Name : KATTI RAHEL

(In Block Letters)

2. Date of Birth as per SSC: 06/04/2004 Gender: FEMALE

3. Mother's Name: KATTI ASEERWADAMMA

4. Father's Name: KATTI SIVA PRASAD

5. Aadhar Number of the Student : 5720 3275 1947

Mother's Aadhar Number : 5418 0320 3063

Father's Aadhar Number :

6. Particulars of Parent / Guardian: KATTI ASEERWADAMMA

a) Name of the Parent / Guardian: KATTI ASEERWADAMMA

b) Relationship with the Student: mother

e) Annual income from all sources: 20000/-

7. a) Address for Communication :

9/25 Haxi Janawda mandaluv Kadapa -516150

b) Permanent Address:

9/25 Haxi Janawda mandaluv Kadapa -516150

Student Contact No.: 8500992451 Parent Contact No.: 8179792796

8. Nationality, Religion & Caste : HINDHU SC (maia)

(Enclose caste certificate if applicable)

9. Mother Tongue: TEUGU



Admission Category : Convener / Management Quota

DECLARATION

I, KATTI RAHEI S/o / D/o. KATTI ASEERWADAMMA declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

K. Rahei

Signature of the Student

Place: Kadapa

Name: KATTI RAHEI

Date: 07/02/2022

I, KATTI ASEERWADAMMA father (or) Guardian of KATTI RAHEI who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

K. Aseerwadamma

Signature of Parent /Guardian

Name: KATTI ASEERWADAMMA

Place: KADAPA

Date: 07/02/2022

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college
2. Students should be punctual to the starting time of the college and stay in the college until the final bell is given
3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited
5. Students should not possess Mobile phones in the premises of college campus. If found will be ceased with penalty
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

K. Rahel

Signature of the Student

K AsenVadamma

Signature of the Parent / Guardian

Contact Details: 8500992451

Contact Details: 8179792796

Address: 9/25 Down street Nandalur KADAPA 516150



P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

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44/35-1, Prakruthi Nagar, Utukur, KADAPA - 516 003. A.P. India Ph : 08562-246212

Email : prrmcp@hotmail.com

Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No: 2144570007 Academic Year: 2021-22 Course Applied: P.Pharm-D(P)

1. Name : SYED AYUB
(In Block Letters)
2. Date of Birth as per SSC: 11/06/1999 Gender: Male
3. Mother's Name: SYED NOORUNNISA
4. Father's Name: SYED GULAM
5. Aadhar Number of the Student : 5578 1780 5426
Mother's Aadhar Number : 8286 8894 0829
Father's Aadhar Number : 8240 8618 8212
6. Particulars of Parent / Guardian:
- a) Name of the Parent / Guardian: SYED GULAM
- b) Relationship with the Student: Father
- e) Annual income from all sources: 60,000/-
7. a) Address for Communication :
3/5, Trunk Road, Near Police Station, Chennai
- b) Permanent Address:
3/5, Trunk Road, Near Police Station, Chennai
- Student Contact No.: 9440946589 Parent Contact No.: 9652633041
8. Nationality, Religion & Caste : Indian, Muslim, Syed (o.c)
(Enclose caste certificate if applicable)
9. Mother Tongue: Urdu



Admission Category : Convener / Management Quota ✓

DECLARATION

I, Syed Ayub S/o / D/o Syed Gulam declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

S. Ayub

Signature of the Student

Name: Syed Ayub

Place: Kadapa

Date: 31-12-2021

I, Syed Gulam father (or) Guardian of Syed Ayub who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

S. Xeroo

Signature of Parent /Guardian

Name: Syed Gulam

Place: Kadapa

Date: 31-12-2021

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college
2. Students should be punctual to the starting time of the college and stay in the college until the final bell is given
3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited
5. Students should not possess Mobile phones in the premises of college campus. If found will be ceased with penalty
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

S. Ayub

Signature of the Student

S. Veroo

Signature of the Parent / Guardian

Contact Details: 9440946589

Contact Details: 9652633041

Address: 3/5, Trunk road, Near police station, Chennai.



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Email : prmcpc@hotmail.com

Web: prmcpc.edu.in



Admission No: 2024150114

Academic Year: 2020

Course Applied: Pharmaco

1. Name: TALARI RATA RAJESWARI

(In Block Letters)

2. Date of Birth as per SSB: 29-07-1996 Gender: Female

3. Mother's Name: T. Bhagya Lakshmi

4. Father's Name: T. Chandra Sekhar

5. Aadhar Number of the Student: 878667073281

Mother's Aadhar Number: 898124557228

Father's Aadhar Number: 632103291114

6. Particulars of Parent / Guardian: T. Chandra Sekhar

a) Name of the Parent / Guardian: T. Bhagya Lakshmi

b) Relationship with the Student: Daughter

e) Annual income from all sources:

7. a) Address for Communication :

D/O T. Chandra Sekhar, Door no - 3-22, Ganjhalli village,
Gonegandla Mandal, Kurnool Dist

b) Permanent Address:

D/O T. Chandra Sekhar, Door no - 3-22, Ganjhalli village,
Gonegandla Mandal, Kurnool Dist

Student Contact No: 8978457221 Parent Contact No: 9121904699

8. Nationality, Religion & Caste : Indian, Hindu, Boya BC-A

(Enclose caste certificate if applicable)

9. Mother Tongue: Telugu



Admission Category : Convener / Management Quota

DECLARATION

I, Talan Raja Rajeswar S/o/D/o T. Chandrasekhar declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

Place: Kadapa

Date: 26-07-2021

I, T. Chandrasekhar father (or) Guardian of T. Raja Rajeswar who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Place: Kadapa

Date: 26-07-2021

T. Rajeswar
Signature of the Student

Name: T. Rajeswar

T. Chandrasekhar
Signature of Parent / Guardian

Name: T. Chandrasekhar

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of the institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college.
2. Students should be punctual to the starting time of the college and stay in the college until the final bell is given.
3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited.
5. Students should not possess Mobile phones in the premises of college campus. If found, they will be seized with penalty.
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc.
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus.
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

T. Raja Rajeswari
Signature of the Student

T. Chandrasekhar
Signature of the Parent / Guardian

Contact Details: 8978457221

9121904699
Contact Details: 89784

Address: House No - 3-22
Ganjahalli village, Gonegandla Mandal
Kurnool Dist



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Email : prrmcp@hotmail.com

Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No: 9978

Academic Year: 2021

Course Applied : B-PHARMACY

1. Name : K. PADMA SREE

(In Block Letters)

2. Date of Birth as per SSC: 26/09/2003 Gender: Female

3. Mother's Name: K. RATHNAMMA

4. Father's Name: K. ANKAPPA

5. Aadhar Number of the Student : 345861598098

Mother's Aadhar Number : 4258 4528 2995 5479

Father's Aadhar Number : 2314 4874 3870

6. Particulars of Parent / Guardian: FATHER

a) Name of the Parent / Guardian: K. ANKAPPA

b) Relationship with the Student: FATHER

e) Annual income from all sources: (SIXTY THOUSAND ONLY) 60,000

7. a) Address for Communication :

1/164a, DAMPETLA; SC COLONI; DAMPETLA; BATHALAPALLE;
ANANTHAPUR; ANDHRA PRADESH; 515661

b) Permanent Address:

1/164a; DAMPETLA; SC COLONI; DAMPETLA; BATHALAPALLE
ANANTHAPUR; ANDHRA PRADESH; 515661

Student Contact No.: 6361460235 Parent Contact No.: 8861072556

8. Nationality, Religion & Caste : INDIAN HINDU; SC/MADHIGA

(Enclose caste certificate if applicable)

9. Mother Tongue: TELUGU



Admission Category : Convener / Management Quota

DECLARATION

I, K. PADMASREE S/o / D/o K. ANKAPPA declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

Signature of the Student

Name: K. Padmasree

Place: KADAPA

Date: 16/02/2021

I, K. ANKAPPA Father (or) Guardian of K. PADMASREE who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Signature of Parent /Guardian

Name: K. Anappa

Place: KADAPA

Date: 16/02/2021

UNDERTAKING

We understand the following rules, will be followed by my ward for smooth functioning institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by college
2. Students should be punctual to the starting time of the college and stay in the college until final bell is given
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6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of academic year.

Signature of the Student

k. Padmasree

Contact Details:

8861072556

Address:

DAMPETLA (V); BATHALAPALLE (M)
ANANTHAPUR (DIST)

Signature of the Parent / Guardian

K. S. S. S.

Contact Details:

88610725

36076



P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

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Email : prrmcp@hotmail.com

Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B).

Admission No:

Academic Year: 2020-21

Course Applied : Pharm.D

1. Name : SYED ABUBAKAR SIDDIQ

(In Block Letters)

2. Date of Birth as per SSC: 30/04/2002 Gender: Male

3. Mother's Name: SYED KARIMUNNISA

4. Father's Name: SYED JAFFAR HUSSAIN

5. Aadhar Number of the Student : 2161 6451 1370

Mother's Aadhar Number : 6367 6618 9481

Father's Aadhar Number : 543861083434

6. Particulars of Parent / Guardian:

a) Name of the Parent / Guardian: S. MAHABDOB BASHA

b) Relationship with the Student: Grandfather

e) Annual income from all sources: 70,000

7. a) Address for Communication :

49/III-5-2 Chemmumiapet Ravindra Nagar Kadapa

b) Permanent Address:

49/III-5-2 Chemmumiapet Ravindra Nagar Kadapa

Student Contact No.: 9848984687 Parent Contact No.: 9703980598

8. Nationality, Religion & Caste : Indian, Islam Muslim, SAYED

(Enclose caste certificate if applicable)

9. Mother Tongue: URDU



Admission Category : Convener / Management Quota

DECLARATION

I, S. ABUBAKAR SIDDIQ S/o / D/o S. JAFFAR HUSSAIN declare that,

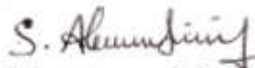
The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and I am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fees that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

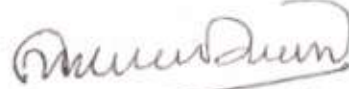

Signature of the Student

Name: S. ABUBAKAR SIDDIQ

Place: Kadapa

Date: 15-02-2021

I, S. MAHA BABU BASHA father (or) Guardian of S. ABUBAKAR SIDDIQ who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward


Signature of Parent /Guardian

Name: SHAIK MAHABAB BASHA

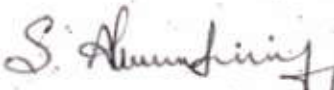
Place: KADAPA

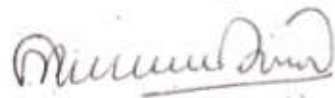
Date: 15-02-2021

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college.
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3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited.
5. Students should not possess Mobile phones in the premises of college campus. If found will be ceased with penalty.
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc.
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus.
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of academic year.


Signature of the Student


Signature of the Parent / Guardian

Contact Details: 9848984687

Contact Details: 9703980598

Address: 49-111-5-2 New Venkateswara High School
Ravindra Nagar, KADAPA 516003

2044570003

10/07/2021



P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

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Recognized u/s 2(f) & 12 (B) of the UGC Act, 1956, New Delhi, ISO 9001 : 2008 CERTIFIED

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Email : prrmcp@hotmail.com

Web: prrmcp.edu.in

Application form for admission into

B.Pharmacy / M.Pharmacy / Pharm.D / Pharm.D (P.B.)

Admission No:

Academic Year:

Course Applied : ~~B.Pharmacy~~ ^{Pharm.D (P.B.)}
~~Pharmacy~~

1. Name : B. ZEENTY

(In Block Letters)

2. Date of Birth as per SSC: 25-07-1998 Gender: Female

3. Mother's Name: BYNAGARI. PORCUSE

4. Father's Name: BYNAGARI. PRABHAKAR

5. Aadhar Number of the Student : 5417 4320 8533

Mother's Aadhar Number : 8837 7678 2754

Father's Aadhar Number : 8718 8875 4578

6. Particulars of Parent / Guardian: PARENT

a) Name of the Parent / Guardian: BYNAGARI. PRABHAKAR

b) Relationship with the Student: FATHER

e) Annual income from all sources:

7. a) Address for Communication :

Mundlapadu village, Giddalur Mandal, Prakasam
district, A.P.

b) Permanent Address:

7-112/A, Mundlapadu village, Giddalur Mandal
Prakasam district, A.P.

Student Contact No: 9989546578 Parent Contact No: 8099248127

8. Nationality, Religion & Caste : SC (Madiga)

(Enclose caste certificate if applicable)

9. Mother Tongue: Telugu



Admission Category : Convener / Management Quota

DECLARATION

I, BYNAGARI ZEENTY S/o / D/o BYNAGARI PRABHAKAR declare that,

The information given by me in my application is true to the best of my knowledge and belief. I clearly understand that if any of the statements are subsequently found to be untrue, my admission stands cancelled.

I promise to abide by the rules and regulations, at present in force and those that may hereafter be made for the administration of the institution or affiliating university. I further undertake that, so long as I remain as a student of the institution I will not damage anything either inside or outside the Institution that may interfere with its orderly working and discipline.

I am aware that I should put in necessary percentage of attendance, otherwise I shall be detained and I shall not indulge in ragging and if I am involved I am liable to be punished.

I am aware that I have to pay annually an amount of miscellaneous fee in addition to tuition fee and am aware that, if, I discontinue my studies whatever be the reason, I undertake to pay the full amount of fee that would have been paid by me, had I continued to study my course up to completion. Failing to pay the fees, my original certificates and Transfer Certificate need not be issued to me.

In all matters concerning me and the Institution the orders of the officers concerned will be final and binding on me.

B-Zeenty
Signature of the Student

Place: Kadapa

Name: B-Zeenty

Date:

I, B. PRABHAKAR father (or) Guardian of B. ZEENTY who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

B. Prabhakar
Signature of Parent /Guardian

Name: B. Prabhakar

Place: Kadapa

Date:

UNDERTAKING

We understand the following rules; will be followed by my ward for smooth functioning of institution.

1. Students should strictly follow the college timings and adhere to the dress code prescribed by the college
2. Students should be punctual to the starting time of the college and stay in the college until the final bell is given
3. Students must maintain > 80% of attendance.
4. Ragging is strictly prohibited
5. Students should not possess Mobile phones in the premises of college campus. If found will be ceased with penalty
6. Students should neither involve nor encourage any act of boycott / strike / quarrels etc
7. Students should wear Identity cards as long as they are in the college campus.
8. Students should cooperate to maintain cleanliness in the campus
9. Students should maintain decency and decorum in the class room.
10. Payment of tuition / University / Hostel / Bus fee should be paid in the beginning of the academic year.

B. Zeenty
Signature of the Student

B. Prabhakar
Signature of the Parent / Guardian

Contact Details: 8099248127
9989546518

Contact Details: 8099248127

Address:

Mundlapadu (vill),
Giddalur Mandal
Prakasam district A.P

194410055

Ep: 170001

Adr:

Aaadhar. No:



EDDY MEMORIAL COLLEGE OF PHARMACY

W/ED. KUTHI NAGAR, TUKUR, KADAPA.

(Sponsored by Sri. S. S. S. Educational Society)

Office: 4/1, Nagarajpet, Kadapa - 516001, A.P.

Phone: 08562-245101, 234668; Fax: 08562-245101.

APPLICATION FOR ADMISSION INTO 1st/2nd B.PHARMACY

Name of the Candidate

SURAKA SRINITHYA
: SUSAHA SRINITHYA

Date of Birth (As per S.S.C)

: 18/04/2002

Father's / Guardian's Name

: S. Ramarajala Reddy

Mother's Name

: S. Venkatasubamma

Aaadhar No. for Student

: 3149 5004 0243

Occupation & Annual Income of parents

: 701000, Farmer

Address for Communication with telephone number

: 9603072135, (B) 9847262938

Permanent Address

: 1/1, Settivandla polli, Rayachoti (m)
45177/9355210218
Botlacheruvu (post) Gaddur (dist)

EAMCET / ECET Rank

Percentage of marks

(Intermediate / D. Pharmacy)

Category OC / BC / SC / ST (Sub-Caste)

Any Scholarship approval (If yes enclose certificate)

Identification Marks

: 45177 / 9.07 / 87.3%
OC

1. A MOLE ON THE RIGHT CHEEK
2. A MOLE ON THE RIGHT EYE

I S/O or D/O Ramarajala Reddy hereby declare that the particulars provided above are true to the best of my knowledge.

Place: KADAPA

Date: 29/7/19

Srinithya
Signature of the Candidate

I Raghuvardhan Reddy father/ Guardian of Srinithya hereby declare that I shall pay the college fees as prescribed and shall be responsible for any damage to college by my son / daughter.

Place: KADAPA

Date: 29/7/19

Signature of the Parent/ Guardian

Raghuvardhan Reddy

Admission No:

Branch: PHARMACEUTICAL ANALYSIS

P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY
1-35/5 PRAKRUTHI NAGAR, UTUKUR, KADAPA.

(Sponsored by Saraswathi Educational Society)

Reg. office: 4/10 Nagaraju pet, Kadapa, 516 001, A.P 1944LS0708

Phone: 08562 246212 Fax: 08562 245101

APPLICATION FOR ADMISSION OF 1st Year M. PHARMACY

- Name of the Candidate : SYEDA AFSHA TABASSUM
 - Date of Birth (as per S.S.C) : 05-07-1998
 - Father's / Guardian's Name : SYED AJAZ AHAMED
 - Occupation and annual income of Father / Guardian : Business, 70,000/-
 - Address for Communication : 4/680, Gunta Bazar, Kadapa
Phone No : 7799214585 (S)
9949045028 (F)
 - Student Aadhar No. : 4513 37996753
 - Permanent Address : 5/509, CHEMMUMIYAPETA, R.V Nagar,
Kadapa
 - GATE / PG CET RANK : 883
 - Average percentage of marks in B.Pharm : 73.09%
 - Category OC / BC / SC / ST (Sub Caste) : OC - EBC
 - Whether in receipt of any Scholarship (if yes enclose Certificate) :
 - Identification Marks : 1. A small Black mole on the Neck
2. A small Black mole on Right hand Thumb
- I Syeda Afsha Tabassum S/O D/O Syed. Ajaz Ahamed



Declare that the particulars provided above are true to the best of my knowledge.

Place : Kadapa

Date : 12-9-2019

Syeda Afsha Tabassum
Signature of the candidate

I Syed. Ajaz Ahamed father (or) Guardian of Syeda Afsha Tabassum who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Place: Kadapa

Date: 12-9-2019

S. Ajaz Ahamed
Signature of parent / Guardian

ERC011901857044

19HHIT0019 17

Admission No:

6056

A

194941 9549

P. RAMI REDDY MEMORIAL

PHARMACY

1-35/ PRAKRUTHI NA

DAPA.

(Sponsored by Saraswa

Reg. Office: 4/10, Nagaraju

Phone: 08562-246212; 9346684



APPLICATION FOR ADMISSION INTO PHARM-D (Doctor of Pharmacy)

Name of the Candidate

: O. Navya Teja

Date of Birth (As per S.S.C)

: 14/12/2001

Father's / Guardian's Name

: O. Raja Reddy

Occupation & Annual Income of parents

: Labour. 85,000

Address for Communication with telephone number

: Shantinagar, Yerraguntla
: 9701925359, 7989763612 (M)

Permanent Address

: D.No: 4/3/367 Shanti Nagar
Yerraguntla (M) pin code:- 516309

EAMCET Rank

: 23910

Percentage of marks (Intermediate)

: 9.77

Category OC / BC / SC / ST (Sub-Caste)

: OC [EWS]

Any Scholarship approval (If yes enclose certificate)

: NO: A SMALL BLACK MOLE ON THE LEFT SHOULDER
A SMALL BLACK MOLE ON THE LOWER LIP

Identification Marks

: 1. A SMALL BLACK MOLE ON THE LEFT SHOULDER
2. A SMALL BLACK MOLE ON THE LOWER LIP

I ~~SD~~ or D/O O. Raja Reddy, hereby declare that the particulars provided above are true to the best of my knowledge.

Place: Kadapa

Date: 3-9-2019

O. Navya Teja
Signature of the Candidate

I O. Raja Reddy father/ Guardian of O. Navya Teja hereby declare that I shall pay the college fees as prescribed and shall be responsible for any damage to college by my son / daughter.

Place: Y-GVL

Date: 3-9-2019

O. Raja Reddy
Signature of the Parent/ Guardian



Admission No:

1944 ST00 0A

P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

1-35/ PRAKRUTHI NAGAR, UTUKUR, KADAPA.

(Sponsored by Saraswathi Educational Society)

Reg. Office: 4/10, Nagarajupet, Kadapa - 516001, A.P.

Phone: 08562-246212; 9346681850; ### Fax: 08562-245101.

APPLICATION FOR ADMISSION INTO PHARM-D (Post Baccalaureate)

Name of the Candidate : KHATEEB SHAIK RESHMA.
Date of Birth (As per S.S.C) : 10-06-1998
Father's / Guardian's Name : KHATEEB SHAIK SYED BASHA
Occupation & Annual Income of parents : 20,000
Address for Communication with telephone number : Mouney baba temple, vempalli, 61893.
: 8777169829, 7331178940.
Permanent Address : Mouney baba temple, vempalli, Kadapa (D)
PGCET / GATE Rank : -
Percentage of marks (B. Pharmacy) : 77.37%
Category OC / BC / SC / ST (Sub-Caste) : BC-E
Any Scholarship approval (If yes enclose certificate) :
Identification Marks : 1. A Small mole in left hand
2. A mole on the left Calca Bone.



I K.S. Reshma S/O or D/O K.S. Basha hereby declare that the particulars provided above are true to the best of my knowledge.

Place: Kadapa

Date: 31-08-2019

K.S. Reshma
Signature of the Candidate

I K.S. Basha father/ Guardian of K.S. Reshma hereby declare that I shall pay the college fees as prescribed and shall be responsible for any damage to college by my son / daughter.

Place: Kadapa

Date: 31-08-2019

K.S. Basha
Signature of the Parent/ Guardian

Admission No: 19445T0002 Aadhar No. 2329 0508 9234

P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY
1-35/ PRAKRUTHI NAGAR, UTUKUR, KADAPA.
(Sponsored by Saraswathi Educational Society)
Reg. Office: 4/10, Nagarajupet, Kadapa - 516001, A.P.
Phone: 08562-246212, 9346684850; ### Fax: 08562-245101.

APPLICATION FOR ADMISSION INTO PHARM-D (Post Baccalaureate)

Name of the Candidate : Syeda Yaseen fathima
Date of Birth (As per S.S.C) : 11-06-1999
Father's / Guardian's Name : Syed Azam Bukhari
Occupation & Annual Income of parents : Business
Address for Communication with telephone number : 84000
9676562556 (P)
934712224
Permanent Address : 5/H87-2, UPstairs, Rahmathulla street
" " " "
EAMCET Rank / PG CET : 1325
Percentage of marks (Intermediate) : 70%
Category OC / BC / SC / ST (Sub-Caste) : OC
Any Scholarship approval (yes enclose certificate) : YES
Identification Marks : 1. A MOWE ON THE RIGHT PALM
2. A MOWE ON THE UPPER LIP



I S/O or D/O SYED AZAM BUKHARI hereby declare that the particulars provided above are true to the best of my knowledge.

Place: KADAPA
Date: 13/9/19

S. Yaseen fathima
Signature of the Candidate

I SYED AZAM BUKHARI father/ Guardian of S. YASEEN FATHIMA hereby declare that I shall pay the college fees as prescribed and shall be responsible for any damage to college by my son / daughter.

Place: KADAPA
Date: 13/9/19

Syed Azam Bukhari
Signature of the Parent/ Guardian

184HIRO030

Admission No:

OK

P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY

1-35/ PRAKRUTHI NAGAR, UTUKUR, KADAPA.

(Sponsored by Saraswathi Educational Society)

Reg. Office: P. U. Nagarajpet, Kadapa - 516001, A.P.

Phone: 08562-245101/245102/9346684850; ### Fax: 08562-245101.

APPLICATION FOR ADMISSION INTO 1st / 2nd B.PHARMACY

Name of the Candidate : SHAIK. KHUSHNUMA

Date of Birth (As per S.S.C) : 30-12-1998

Father's / Guardian's Name : S. HUSSAIN BASHA

Mother's Name : S. SHAHINAZ

Aaadhar No. for Student : 4574 8871 3578

Occupation & Annual Income of parents : BUSSINESS 1,00,000

Address for Communication with telephone number : PRAKASH NAGAR, CUDDAPAH.
D/NO-43/95-4-2-1, 9440826301(F)
9010704933(B)

Permanent Address : PRAKASH NAGAR, CUDDAPAH
D/NO-43/95-4-2-1

EAMCET / ECET Rank :

Percentage of marks : 963 (96.3%)
(Intermediate / D. Pharmacy)

Category OC / BC / SC / ST (Sub-Caste) : BC-E (MUSLIM)

Any Scholarship approval :

(If yes enclose certificate)

Identification Marks : 1. AMOLE ON THE LEFT HAND
2. A SCAR BELOW THE LEFT EYEBROW



09-02-2018

I S/O or D/O S. HUSSAIN BASHA, hereby declare that the particulars provided above are true to the best of my knowledge.

Place: KADAPA

Date: 6-7-2018

S. Khushnuma
Signature of the Candidate

I SHAIK. KHUSHNUMA, father/ Guardian of S. HUSSAIN BASHA, hereby declare that I shall pay the college fees as prescribed and shall be responsible for any damage to college by my son / daughter.

Place: KADAPA

Date: 6-7-2018

S. Hussain Basha
Signature of the Parent/ Guardian

18HM150307

Admission No: Branch:

Pharmaceutics

P.RAMI REDDY MEMORIAL COLLEGE OF PHARMACY
1-35/5 PRAKRUTHI NAGAR, UTUKUR, KADAPA.

(Sponsored by Saraswathi Educational Society)
 Reg. office: 4/10 Nagaraju pet, Kadapa, 516 001, A.P
 Phone: 08562 246212 Fax: 08562 245101

APPLICATION FOR ADMISSION OF 1st Year M.PHARMACY

1. Name of the Candidate : SIRIGIREDDY. GOWTHAMI
 2. Date of Birth (as per S.S.C) : 04/08/1995
 3. Father's / Guardian's Name : SIRIGIREDDY. ANKIREDDY
 4. Occupation and annual income of Father / Guardian : BUSINESS
RS. 65,000/-
 5. Address for Communication : 96/199, UTUKUR (V),
Phone No : 9182935538(S) C.K. DINNE (M), Kadapa (D), A.P(S)
 6. Student Aadhar No. : 242580493581
 7. Permanent Address : 96/199, UTUKUR (V), C.K. DINNE (M),
Kadapa (D), A.P(S) 9502525021(M)
 8. GATE/PG CET RANK : 115
 9. Average percentage of marks in B.Pharm : 82.90 %
 10. Category OC / BC / SC / ST (Sub Caste) : OC
 11. Whether in receipt of any Scholarship (if yes enclose Certificate) : —
 12. Identification Marks : 1. A black mole on the right cheek.
2. A black mole on the right neck.
- I S. Gowthami S/O D/O S. AnkiReddy



Declare that the particulars provided above are true to the best of my knowledge.

Place : Kadapa

S. Gowthami
Signature of the candidate

Date : 03-08-2018

I S. AnkiReddy father (or) Guardian of S. Gowthami who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Place: Kadapa

S. Anki Reddy
Signature of parent /Guardian

Date: 03-08-2018.



PATHAN ARBAZ ALI KHAN
20-01-2018

ISHHIT018

Aaadhhar No. 5080 2460 2143

AMI REDDY MEMORIAL COLLEGE OF PHARMACY

1-35/ PRAKRUTHI NAGAR, UTUKUR, KADAPA.

(Sponsored by Saraswathi Educational Society)

Reg. Office: 4/10, Nagarajuneta, Kadapa - 516001, A.P.

Phone: 08562-246212, 9346688950; FAX: 08562-245307.

APPLICATION FOR ADMISSION INTO PHARM-D (Doctor of Pharmacy)

Name of the Candidate : Pathan Arbaz Ali Khan

Date of Birth (As per S.S.C) : 04-08-2001

Father's / Guardian's Name : P. Riyaz

Occupation & Annual Income of parents : 40,000

Address for Communication with telephone number : Rayavaram : 7997417510 (F) 9010 98

Permanent Address : 4/13-1, Rayavaram, T. Sundupalli (M), Kadapa A-P 516229

EAMCET Rank : 17999

Percentage of marks (Intermediate) : 75%

Category OC / BC / SC / ST (Sub-Caste) : OC

Any Scholarship approval (If yes enclose certificate) : - NO -

Identification Marks : ^{Left}
1. A mole on the right side of the chin
2. A mole on the left side of the temple



PATHAN ARBAZ ALI KHAN
20-01-2018

I S/O or D/O P. Riyaz hereby declare that the particulars provided above are true to the best of my knowledge.

Place: Kadapa
Date: 7-8-2018

Signature of the Candidate

I Riyaz father/ Guardian of Arbaz Ali Khan hereby declare that I shall pay the college fees as prescribed and shall be responsible for any damage to college by my son / daughter.

Place: Kadapa
Date: 7-8-2018

Signature of the Parent/ Guardian

Admission No: _____

2018-19

Aaaunna .

P. RAMI REDDY MEMORIAL COLLEGE OF PHARMACY
1-35/1 PRAKRUTHI NAGAR, KADAPA - 516003.

(Sponsored by Saraswathi Educational Society)

Reg. office: 4/10 Nagaraju pet, Kadapa, 516 001, A.P

Phone: 08562- 246212 Fax: 08562 245101, 9390046015

APPLICATION FORM - PHARM- D (Post Baccalaureate)

1. Name of the Candidate : K. ALIYA FIRDOSE
2. Date of Birth (as per S.S.C) : 4/2/1995
3. Father's / Guardian's Name : K. ABDUL REHMAN
4. Occupation and annual income of Father / Guardian : 9,60,000
5. Address for Communication : 42/347-103
Simhapuri Colony, Cuddapah
- Phone/ Mobile No : 7075100786, 9299308183
6. Permanent Address : 42/347-103
7. PGCET / GATE RANK : - N.A -
8. Average percentage of marks in Intermediate : ~~66.49%~~ 66.49%
9. Category OC / BC / SC / ST (With Sub caste) : BCE
10. Whether in receipt of any Scholarship (if yes enclose Certificate) : NO
11. Identification Marks : 1. A MOLE ABOVE THE UPPER LIP
2. A MOLE ON THE RIGHT LOWER ARM



I K. Aliya Firdose S/O/D/O K. Abdul Rahman

Declare that the particulars provided above are true to the best of my knowledge.

Place: 12/9/18

K. Aliya Firdose
Signature of the candidate

Date: KADAPA

I K. ABDUL REHMAN father (or) Guardian of K. ALIYA FIRDOSE

who is admitted into your college hereby declare that I shall pay the college fees as prescribed and shall be responsible for any sum that may be due to college by my son/ daughter (or) ward

Place: CUDDAPAH

K. Abdul
Signature of parent /Guardian

Date: 12/9/18