



SRI SIVANI COLLEGE OF PHARMACY

NH-16, Chilakapalem Jn, Etcherla, Srikakulam – 532402, AP

(Approved by PCI, New Delhi & Affiliated to JNTU.GV)

REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

For Office Use Only		STATE : A.P.
EAMCET Rank : 31699		Nationality : Indian
Hall Ticket No : 51278010060		Religion : HINDU
Branch Allotted : B.Pharmacy		SC/ST/BC/CAP/PH/GEN
Fee Receipt No : -		Any Other 'BC'
Admission Date : 21/12/22		Convenor / Management



1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

SINGUMAHANTHI VENKATA SAI PRATHYUSHA

2. Father's / Guardian's Name and Present Address:

Permanente Address:

D/o Venkata Ramana Murthy
13-1-140, Kotta Agraharam,
mettakkivalasa, Srikakulam
Andhra Pradesh PIN: 532185

D/o Venkata Ramana Murthy
13-1-140, Kotta Agraharam,
mettakkivalasa, Srikakulam
Andhra Pradesh PIN: 532185

Occupation of Parent / Guardian : Lorry Transport Annual Income : 72,000 : Urban / Rural : Urban

Mobile (Student): 8688262619 Mobile (Parent): 9490264577

E-mail: prathyushasingumahanthi@gmail.com

3. Personal information:

Gender: Male/Female: female Blood Group: O + ve

Moles : A mole on the LEFT WRIST & ON FORE HEAD.

Date of Birth: 05-06-2004 Caste: BC-D's Sub Caste: Sistakamanam

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2019	Ashoka School	Board		9.3	A+
Intermediate / +2	2021	Srichaitanya Jr. College	Board	897		A

5. College Bus Required: YES/NO Yes Boarding

Point Amadalavasa R/w station

6. Hostel Required : YES/NO NO If

YES Type of Hostel -

7. Reference:

Name of the staff : T. Rajesh Department : SSCP

Admissions Officer

Signature of Applicant

Date: 21/12/22

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, S.V. Sai Prathyusha (Name of the Candidate) and

S.V. Ramana Murthy (Name of the Parent / Guardian)

(father), jointly undertaken to abide (Specify the relationship to the candidate)

and fulfill the following conditions. S.V. Sai Prathyusha (Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
4. We authorize the **Sri Sivani College of Pharmacy** to confiscate all the original certificates submitted, in case we fail to pay the entire tuition fees for the entire course.
5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

S.V. Ramana Murthy
Signature of Parent / Guardian:

S.V. Sai Prathyusha
Signature of candidate

Name : S.V. Sai Prathyusha

Address : D/o Venkata Ramamurthy, 13-1-140, Kottaagrahasam, metlakivalasa, Amadabvalasa, Srikakulam, A.P-532183

- (1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.

- (2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

- (3) I will strictly abide by all the rules of the Institution.

S.V. Sai Prathyusha
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

S.V. Ramana Murthy
Signature of Parent

Principal
PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532140, Srikakulam Dt.
Affiliated to JNTU Guntur
Guntur-532002
Guntur Branch Code: DA



SRI SIVANI COLLEGE OF PHARMACY

NH-16, Chilakapalem Jn, Etcherla, Srikakulam – 532402, AP

(Approved by PCI, New Delhi & Affiliated to JNTU.GV)

REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

For Office Use Only		STATE : Ap	
EAMCET Rank : 29784		Nationality : Indian	
Hall Ticket No : 51187010132		Religion : Hindu	
Branch Allotted :		SC/ST/BC/CAP/PH/GEN	
Fee Receipt No :		Any Other - BC - D	
Admission Date : 21/12/22		Convener / Management	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

B. Devi

2. Father's / Guardian's Name and Present Address:

Permanente Address:

B. Dhamodhar rao, Nimmalavalasa
Chipurupalli, Vizayanagarum district

PIN: 535125

B. Dhamodhar Rao, Nimmalavalasa
village, Chipurupalli mandalam,
Vizayanagarum district

PIN: 535125

Occupation of Parent / Guardian : Mechanic Annual Income Urban / Rural.....

Mobile (Student): 9705504089 Mobile (Parent): 9848484699

E-mail: bommaladevis@gmail.com

3. Personal information:

Gender: Male/Female Female Blood Group: B+

Moles : A mole on right cheek, A mole on right hand

Date of Birth: 26/10/2004 Caste: BC-D Sub Caste: BC-D

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2020	Govt. High School		562		
Intermediate /+2	2022	Sri gayatri collage		823		

5. College Bus Required: YES/NO NO Boarding

Point Nimmalavalasa 6. Hostel Required : YES/NO NO If

YES Type of Hostel _____

7. Reference:

Name of the staff : P. Anu Department : B-Pharmacy

K. Ravi
Admissions Officer
12/12/22

B. Devi
Signature of Applicant

Date: 21/12/2022

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, B. Devi and
(Name of the Candidate)

B. Dhamodhar Rao
(Name of the Parent / Guardian)

(B. Dhamodhar Rao, B. Devi), jointly undertaken to abide
(Specify the relationship to the candidate)

and fulfill the following conditions. B. Devi
(Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
4. We authorize the **Sri Sivani College of Pharmacy** to confiscate all the original certificates submitted, in case we fail to pay the entire tuition fees for the entire course.
5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

Signature of Parent / Guardian:

Name : B. Dhamodhar Rao
Address : Simmalavalasa

Signature of candidate

B. Devi

- (1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.

- (2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

- (3) I will strictly abide by all the rules of the Institution.

B. Devi
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

B. Dhamodhar Rao
Signature of Parent

H. S. S. S.
PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Dt.
Affiliated to JNTUG-Vizianagaram Code: DA




SRI SIVANI COLLEGE OF PHARMACY

NH-16, Chilakapalem Jn, Etcherla, Srikakulam – 532402, AP

(Approved by PCI, New Delhi & Affiliated to JNTU.GV)

REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

For Office Use Only		STATE : <u>Andhrapradesh</u>	
EAMCET Rank : <u>54672</u>		Nationality : <u>Indian</u>	
Hall Ticket No : <u>51187010117</u>		Religion :	
Branch Allotted : <u>B. Pharmacy</u>		SC/ST/BC/CAP/PH/GEN	
Fee Receipt No :		Any Other	
Admission Date : <u>20/01/2023</u>		Convener / Management	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

DESALANKA DINESH

2. Father's / Guardian's Name and Present Address:

Permanente Address:

<u>DESALANKA VENKATARAO.</u>
<u>Palakandiyem (P) G. Sigadam (M)</u>
PIN : <u>532168</u>

<u>Jagannadhapuram (V)</u>
<u>Palakandiyem (P)</u>
<u>G. Sigadam (M)</u>
PIN : <u>532168</u>

Occupation of Parent / Guardian : Farmer Annual Income Urban / Rural.....

Mobile (Student): 9515379176 Mobile (Parent): 9885371304

E-mail: dinesh.desalanka@gmail.com

3. Personal information:

Gender: Male/Female male Blood Group: A⁺

Moles : A mole on the fore head

Date of Birth: 22-11-2004 Caste: OC Sub Caste: Telaga

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2020	<u>Z.P.H.S. Santpaurity.</u>		<u>598</u>		<u>First</u>
Intermediate /+2	2022	<u>SRI RAMA Junior College</u>		<u>611</u>		

5. College Bus Required: YES /NO NO Boarding NO

Point NO 6. Hostel Required : YES/NO NO . If

YES Type of Hostel NO

7. Reference: Ravi and Gunakar .

Name of the staff : Department : MBA

K. K. Srinivas
Admissions Officer

D. Dinesh
Signature of Applicant

Date: 8/08/2022

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, D. Dinesh. and
(Name of the Candidate)

D. Venkata Rao.
(Name of the Parent / Guardian)

(Son.), jointly undertaken to abide
(Specify the relationship to the candidate)

and fulfill the following conditions. D. Dinesh.
(Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
4. We authorize the **Sri Sivani College of Pharmacy** to confiscate all the original certificates submitted, in case we fail to pay the entire tuition fees for the entire course.
5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

D. Venkata Rao
Signature of Parent / Guardian:

D. Dinesh
Signature of candidate

Name : D. Dinesh.
Address : Palakandyam

- (1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.


- (2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

- (3) I will strictly abide by all the rules of the Institution.

D. Dinesh.
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

D. Venkata Rao.
Signature of Parent


PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Dt.
Affiliated to JNTUG-Vizianagaram Code: PA




SRI SIVANI COLLEGE OF PHARMACY

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REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

For Office Use Only	STATE : <u>AP</u>	
EAMCET Rank : <u>24833</u>	Nationality : <u>INDIAN</u>	
Hall Ticket No : <u>51478020167</u>	Religion : <u>HINDU</u>	
Branch Allotted :	SC/ST/BC/CAP/PH/GEN	
Fee Receipt No :	Any Other	
Admission Date : <u>21/01/2023</u>	Convener / Management	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

KOVVADA RAVI KUMAR

2. Father's / Guardian's Name and Present Address:

Permanente Address:

<u>Kutibhadra colony (vill), Kotturu (M.D), Sirusuvada (P.O), Srikakulam (Dist), AP (state)</u>
PIN: <u>532455</u>

<u>Kutibhadra colony (vill), Kotturu (M.D), Sirusuvada (P.O), Srikakulam (Dist), AP (state)</u>
PIN: <u>532455</u>

Occupation of Parent / Guardian : Annual Income 60,000/- Urban / Rural... Rural

Mobile (Student): 7989723794 Mobile (Parent): 9652565178

E-mail:

3. Personal information:

Gender: Male/Female... Male Blood Group:

Moles : ... A mole on the left shoulder

Date of Birth: 29-04-2005 Caste... SC Sub Caste: ... SC-C

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2020	A.P.SWR school, ungratadaram	SSC	542	9.3	
Intermediate /+2	2022	A.P.SWR school, Kanchili	Board of Intermediate	783		A

5. College Bus Required: YES/NO NO Boarding

Point _____ 6. Hostel Required : YES/NO yes If

YES Type of Hostel Boys hostel

7. Reference:

Name of the staff : Department :

K.P.
Admissions Officer
21/01/2023

K. Ravi Kumar
Signature of Applicant

Date: 21/01/2023

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, K. Ravi Kumar and
(Name of the Candidate)

DALAYYA
(Name of the Parent / Guardian)

(FATHER), jointly undertaken to abide
(Specify the relationship to the candidate)

and fulfill the following conditions.
(Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
4. We authorize the **Sri Sivani College of Pharmacy** to confiscate all the original certificates submitted, in case we fail to pay the entire tuition fees for the entire course.
5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

K. Dalayya
Signature of Parent / Guardian:

K. Ravi Kumar
Signature of candidate

Name : K. Ravi Kumar
Address :

(1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.

(2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

(3) I will strictly abide by all the rules of the Institution.

K. Ravi Kumar
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

K. Dalayya
Signature of Parent


PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Dt.
Affiliated to JNTUG-Vizianagaram Code: DA




SRI SIVANI COLLEGE OF PHARMACY

NH-16, Chilakapalem Jn, Etcherla, Srikakulam – 532402, AP

(Approved by PCI, New Delhi & Affiliated to JNTU.K)

REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

For Office Use Only		STATE : <u>Srikakulam</u>	
EAMCET Rank : <u>42973.00</u>		Nationality :	
Hall Ticket No : <u>5170020100</u>		Religion : <u>Hindu</u>	
Branch Allotted : <u>B. Pharmacy</u>		SC/ST/BC/CAP/PH/GEN	
Fee Receipt No :		Any Other	
Admission Date : <u>18-2-2021</u>		Convener / Management	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

GULIVINDALA . SATYAVATHI

2. Father's / Guardian's Name and Present Address:

Permanente Address:

<u>G. Sarasini</u>
<u>Lankapeta (village)</u>
<u>Ranasthalam (mandal)</u>
PIN : <u>532407</u>

<u>Lankapeta (village)</u>
<u>Ranasthalam (mandal)</u>
PIN : <u>532407</u>

Occupation of Parent / Guardian : Filmer Annual Income Urban / Rural.....

Mobile (Student): 9133995136 Mobile (Parent): 9177696158

E-mail: satyavathi.94.2003@gmail.com

3. Personal information:

Gender: Male/Female Blood Group: Ove

Moles : A mole on the left head

Date of Birth: 09/04/2003 Caste: BCD Sub Caste: Thurpu /rapu

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	<u>2018</u>	<u>Z.P.H. High school</u>			<u>8.7</u>	
Intermediate /+2	<u>2018-20</u>	<u>Sarthenikethan jr college</u>		<u>744</u>	<u>8.09</u>	

5. College Bus Required: YES /NO _____ Boarding

Point _____ 6. Hostel Required : YES/NO yes If

YES Type of Hostel Girls hostel

7. Reference:

Name of the staff : P.R.O. - Chenna Department :

K. K. Srip
Admissions Officer

18/2/2021

G. satyavathi
Signature of Applicant

Date: 15/2/2021

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, Gr. satyavathe and
(Name of the Candidate)

Gr. sarwini
(Name of the Parent / Guardian)

(Daughter), jointly undertaken to abide
(Specify the relationship to the candidate)

and fulfill the following conditions. Gr. satyavathe
(Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
4. We authorize the **Sri Sivani College of Pharmacy** to confiscate all the original certificates submitted, in case we fail to pay the entire tuition fees for the entire course.
5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

Gr. sarwini
Signature of Parent / Guardian:

Gr. satyavathe
Signature of candidate

Name : Gr. satyavathe
Address : Lankapeta (village), Ravada (pochesthy)

- (1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.

- (2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

- (3) I will strictly abide by all the rules of the Institution.

Gr. satyavathe
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

Gr. sarwini
Signature of Parent




SRI SIVANI COLLEGE OF PHARMACY

NH-16, Chilakapalem Jn, Etcherla, Srikakulam – 532402, AP

(Approved by PCI, New Delhi & Affiliated to JNTU.K)

REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

For Office Use Only		STATE : <u>Andhra Pradesh</u>	
EAMCET Rank : <u>46097</u>		Nationality : <u>Indian</u>	
Hall Ticket No : _____		Religion : <u>Hindu</u>	
Branch Allotted : <u>B. Pharmacy</u>		SC/ST/BC/CAP/PH/GEN	
Fee Receipt No : _____		Any Other	
Admission Date : <u>15/02/2021</u>		Convener / Management	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

JALDHI. GOPI

2. Father's / Guardian's Name and Present Address:

Permanente Address:

<u>JALDHI. CHINNARAO</u>
<u>Donkuram (Village), Burjapadu</u>
<u>(Post), Dechhapurem (Mandal)</u>
<u>Srikakulam</u> PIN: <u>532312</u>

<u>Jaldhi. Chinnarao</u>
<u>Donkuram (Village), Burjapadu</u>
<u>(Post), Dechhapurem (Mandal)</u>
<u>Srikakulam</u> PIN: <u>532312</u>

Occupation of Parent / Guardian : Fisherman..... Annual Income Urban / Rural... Urban

Mobile (Student): 9550202136..... Mobile (Parent): 9666284635.....

E-mail: jaldhigopi123@gmail.com.....

3. Personal information:

Gender: Male/Female... Male..... Blood Group: o⁺

Moles : A mole on the left side of the chest

Date of Birth: 18/12/2002..... Caste: BC-A..... Sub Caste:

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2018	Z.P. H.School, Donkuram	Board			9.3
Intermediate /+2	2020	Santshniketan Jr College, Srikakulam	Board			794

5. College Bus Required: YES / NO No Boarding

Point NA

6. Hostel Required : YES/NO Yes If

YES Type of Hostel Boys

7. Reference:

Name of the staff : Ravi G. Gunbar..... Department : MBA.....

Admissions Officer

Signature of Applicant

15/02/21

Date: 10/02/2021

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, Jaldhi . Gopi and
(Name of the Candidate)

Jaldhi . Chinnaras
(Name of the Parent / Guardian)

(Father), jointly undertaken to abide
(Specify the relationship to the candidate)

and fulfill the following conditions. Jaldhi . Gopi
(Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
4. We authorize the **Sri Sivani College of Pharmacy** to confiscate all the original certificates submitted, in case we fail to pay the entire tuition fees for the entire course.
5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

Chinnaras
Signature of Parent / Guardian:

Jaldhi
Signature of candidate

Name : J. Gopi

Address : Doykaram

- (1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.

- (2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

- (3) I will strictly abide by all the rules of the Institution.

Jaldhi
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

Chinnaras
Signature of Parent

Mooley
PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Dt.
Affiliated to JNTU-Kakinada Code: DA



SRI SIVANI COLLEGE OF PHARMACY


NH-16, Chilakapalem Jn, Etcherla, Srikakulam – 532402, AP

(Approved by PCI, New Delhi & Affiliated to JNTU.K)

REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

PgCET
P3

For Office Use Only		STATE : AP	
PGCET Rank : 17000		Nationality : Indian	
Hall Ticket No : 7728190407		Religion : Hindu	
Branch Allotted : M-Pharmacy		SC/ST/BC/CAP/PH/GEN	
Fee Receipt No :		Any Other <input checked="" type="checkbox"/> male	
Admission Date :		Convener / Management	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

PONDURU ANU

2. Father's / Guardian's Name and Present Address:

Permanente Address:

D/O. P. paparao
pentanagaravallu
G. Sigadam (M) D.No 26
Salem (A) PIN: 532127

D.O. P. paparao
pentanagaravallu Sabu
G. Sigadam (M) SDC (MCA)
D.No 3-49 PIN: 532127

Occupation of Parent / Guardian : P. paparao Annual Income : 95000 Urban / Rural :

Mobile (Student) : 8338067024 Mobile (Parent) : 9490638250

E-mail : ponduruanu@gmail.com

3. Personal information:

Gender: Male/Female female Blood Group: B+ve

Moles : A mole on the right ear

Date of Birth: 18/06/2000 Caste: SC Sub Caste: male

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2015	A.P.S.W.P. Govt School Etcherla	Etcherla	7-9-1/2		
Intermediate /+2	2017	Dr. B. A. S. W. R. College Tamarapali	Tamarapali	7971		

5. College Bus Required: YES / NO no Boarding

Point _____ 6. Hostel Required : YES/NO no. If

YES Type of Hostel _____

7. Reference:

Name of the staff : U. Venkateshwarar Department : B. pharmacy

Admissions Officer

Signature of Applicant

Date: 29/12/2021

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, P. Anu (Name of the Candidate) and

P. Paparao (Name of the Parent / Guardian)

(P. Anu), jointly undertaken to abide (Specify the relationship to the candidate)

and fulfill the following conditions. P. Anu (Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
2. We will not seek any facility or concession for payment of tuition fee in instalment and will remit the entire tuition fee in the beginning of the academic year, before the last day of payment of fees.
3. In case the candidate discontinues his/ her studies at **Sri Sivani College of Pharmacy**, Chilakapalem, for whatever reason it may be, we will pay the full amount of the tuition fees that the candidate would have paid, had he/she continued the course up to completion.
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5. We will not claim for any change of branch during the entire period of study of B. Pharm or M. Pharm Course at Sri Sivani college of Pharmacy, Chilakapalem except when vacancies arise in the 1st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.

Signature of Parent / Guardian:

P. Paparao
Signature of candidate

Name : P. Paparao

Address : Pentagon Road (V) (1-5th Lane (V) Sri (M) Co) 532127 Pin.

- (1) I promise that I will conduct myself in an exemplary manner and shall do all necessary things to uphold the prestige and reputation of SSCP. I will not involve in any strikes, demonstrations and in any other unlawful activities, both inside and outside the Campus.

I Understand any violation, on my part, of the disciplinary measures prescribed by the institute will attract imposition of fines, suspension and even rustication or any other punishment deemed fit by the authorities, and I shall abide by decision that would be taken by the authorities.

- (2) I understand that ragging of junior students is inhuman and punishable under law. I promise that I will not involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and can be arrested.

- (3) I will strictly abide by all the rules of the Institution.

P. Anu
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

P. Paparao
Signature of Parent

[Signature]
PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Dt.
Affiliated to JNTU-Kakinada Code: DA



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REGISTRATION FORM

For admission to the B. Pharm or M. Pharm Course – under category A / B

PGCET
PG

For Office Use Only		STATE : A.P	
EAMCET Rank :		Nationality : India	
Hall Ticket No :		Religion : Hindu	
Branch Allotted : m. pharmacy		SC/ST/BC/CAP/PH/GEN	
Fee Receipt No :		Any Other BC-D	
Admission Date :		Convener / Management m.g	

1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :

Chandaka. Hari babu

2. Father's / Guardian's Name and Present Address:

Permanente Address:

Ch. mahalakshmi maide
Chinnagubrola (v) tehipudi
Gurula (m) Vizianagaram
Dist. PIN: 535218

Ch. mahalakshmi maide
Chinnagubrola (v) tehipudi
Gurula (m) Vizianagaram (A)
Dist. PIN: 535218

Occupation of Parent / Guardian : ch. mahalakshmi maide Annual Income : 95001 Urban / Rural.....

Mobile (Student): 9052214471 Mobile (Parent): 7207223797

E-mail: Chandakababu1998@gmail.com

3. Personal information:

Gender: Male/Female. male Blood Group: B+ve

Moles : A mole on the forehead / A mole on chin

Date of Birth: 26/11/1998 Caste: BC-D Sub Caste: thurupukuru

4. Details of Institutions where studied and examinations passed:

Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grade /Class
S.S.C.	2015	Z.P.H.S Henderson	govt	83%		
Intermediate / +2	2017	SAKSHARAJUJ college	Chepumpalle	89%		

5. College Bus Required: YES / NO NO Boarding

Point _____ 6. Hostel Required : YES/NO NO If

YES Type of Hostel _____

7. Reference:

Name of the staff : P. Anusha Department : B. Pharmacy

Admissions Officer

Signature of Applicant

Date: 29/10/2022

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT

We, Ch. Hari Babu and
(Name of the Candidate)

Ch. Mahalaxshmi naidu
(Name of the Parent / Guardian)

(Ch. Hari Babu), jointly undertaken to abide
(Specify the relationship to the candidate)

and fulfill the following conditions. Ch. Hari Babu
(Name of the candidate)

1. We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as per the schedule, well before the last day of payment of fees.
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Signature of Parent / Guardian:

Ch. Hari Babu
Signature of candidate

Name : Ch. Mahalaxshmi naidu

Address : Chinnarevaluru Hospital (Gurukulam)
Vizianagaram (AP) 52118 pin

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- (3) I will strictly abide by all the rules of the Institution.

Ch. Hari Babu
Signature of Student

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure that my Son/ Daughter maintains discipline and will be regular to the classes & Studies

Ch. Hari Babu
Signature of Parent

[Signature]
PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Dt.
Affiliated to JNTUG-Vizianagaram Code: DA