

EAMCET Rank:

Hall Ticket No

Branch Aflotted

For Office Use Only

51278010060

is. Pharmacy

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

STATE

Religion

Nationality

SC/ST/BC/CAP/PH/GEN

Fee Receipt No	:	_ Any C	other 'BC'.			
Admission Dat	e : Qı	/12/22 Conve	ner / Management			
1. Name of th		e (Block Letters) (as per S.S	.C. / Matriculation)		TES.	
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		G200.4. CasteBCD where studied and examinat Institution Name	Sub Caste: .SiSta.			Grad
4. Details of	Institutions Year of	where studied and examinat	Sub Caste: .SiSta.	Kanana Marks	% of	
4. Details of l	Year of Passing	where studied and examinat Institution Name	Sub Caste: .SiSta. ions passed: Board / Univ.	Kanana Marks	% of Marks	/Clas
Examination S.S.C. Intermediate . /+2	Year of Passing 2019	Institution Name Ashoka School Srichaitanya Jr.	Sub Caste: SiSta. ions passed: Board / Univ. Board Board	Marks Obtained	% of Marks	/Clas
4. Details of I Examination S.S.C. Intermediate /+2 5. College Bu	Year of Passing 2019 2021 s Required	Institution Name Ashoka School Srichaitanya Jr. College YES /NO YES. Board	Sub Caste: SiSta. ions passed: Board / Univ. Jourd Jourd	Marks Obtained	% of Marks 9.3	/Clas
4. Details of DEXAMINATION S.S.C. Intermediate /+2 5. College But Point A	Year of Passing 2019 2021 s Required	where studied and examinate Institution Name AShoka School Srichaitanya Jr. college YES /NO YES, Board Wasa Riwstalin 6. Ho	Sub Caste: SiSta. ions passed: Board / Univ. Jourd Jourd	Marks Obtained	% of Marks 9.3	/Clas
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4. Details of D Examination S.S.C. Intermediate /+2 5. College But Point YES Type 7. Reference:	Year of Passing 2019 2021 S Required of Hostel	Institution Name Ashoka School Srichaitonya Jr. college YES NO YES, Board	Sub Caste: SiSta ions passed: Board / Univ. Jourd Jourd ling ostel Required : Y	Marks Obtained 897 ES/NO	% of Marks 9.3	/Clas
4. Details of D Examination S.S.C. Intermediate /+2 5. College But Point YES Type 7. Reference:	Year of Passing 2019 2021 S Required of Hostel	where studied and examinate Institution Name AShoka School Srichaitanya Jr. college YES /NO YES, Board Wasa Riwstalin 6. Ho	Sub Caste: SiSta ions passed: Board / Univ. Jourd Jourd ling ostel Required : Y	Marks Obtained 897 ES/NO	% of Marks 9.3	/Clas
4. Details of D Examination S.S.C. Intermediate /+2 5. College But Point YES Type 7. Reference:	Year of Passing 2019 2021 S Required of Hostel	Institution Name Ashoka School Srichaitonya Jr. college YES NO YES, Board	Sub Caste: SiSta. ions passed: Board / Univ. Board Jourd ding estel Required: Y	Marks Obtained 891 ES/NO_N	% of Marks 9.3	A - A
4. Details of D Examination S.S.C. Intermediate /+2 5. College But Point YES Type 7. Reference:	Year of Passing 2019 2021 S Required of Hostel	Institution Name Ashoka School Srichaitonya Jr. college YES NO YES, Board	Sub Caste: SiSta. ions passed: Board / Univ. Board Jourd ding estel Required: Y	Marks Obtained 897 ES/NO	% of Marks 9.3	A - A

Date: 21/12/22

Signature of Parent

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

We,		S. V. Sai Prathyusha and (Name of the Candidate)
		S. V. Ramana Murthy (Name of the Parent Guardian)
(Fathem), jointly undertaken to abide (Specify the relationship to the candidate)
and	l fuli	fill 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 1 st year class due to drop-outs and the candidate becomes eligible for change of branch of the basis of the Co-ordinator, EAMCET.
	S	S. V. Rameno Musty ignature of Parent / Guardian: Signature of candidate
	Nar	ne : 5, V. Sai Prathyusha
	Ado	ne: 5. V. Sai prottyusha Iress: D/o venkata Ramamurthy, 13-1-140, Kotlaagrahan am,
, e n	(1)	metlarkivalasa, Amadalovalasa, Sr.kakulo m, A.P. 5321 85 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. Signature of Student
		that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure Son/ Daughter maintains discipline and will be regular to the classes & Studies

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Chilakanshem 53224022, Stikkekulam Dt.
Affiliatest colly TUG Withanagaram Code: DA



EAMCET Rank: 29784

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

STATE

Religion

: AP

Nationality : Indian

Hall Ticket No :	51187010132		: Hindu			
Branch Allotted :			CAP/PH/GEN		3	
Fee Receipt No :		Any Other				
Admission Date :	21/12/22	Convener /	Management			
<u>,</u> <u>'</u>						
2. Father's / Guard	ian's Name and Present	Address:	Permanent	te Address:		
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	/ Guardian : . Mecheu					
Mobile (Student):	9705504089	Mobile	(Parent):98.	4848469	1.9	
	ladevis Oganail.c					
3. Personal informa	ation:					
Gender: Male/Fer	naledemale Blood	Group:	B.†			
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Data of Birth: 2	6/10/2004 Caste	RC-D sub	Poster RC = D)		
	tions where studied and	examinations	passeu:		0/ 6	
Examination Year Pass	Institution N	ame B	oard / Univ.	Marks Obtained	% of Marks	Grad /Class
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Intermediate /+2 262	22 Sri gayatsi Ce	llage		823		
5. College Bus Reg	uired: YES/NO_NO	Boarding	*			
	mmalavalasa		Required : YF	ES/NO_1	n_If	
YES Type of Ho						
7. Reference:	(
Name of the staff		Depart	ment : 3	Pharimo	aly	
Admissions Officer	112/22			ま 人 Signature)eပါ of Applic	ant

Date: 21/12/2022

Signature of candidate

B. Devil Signature of Student

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

We,	B Devil and
	(Name of the Candidate)
	B, Chamoday Roa
	(Name of the Parent / Guardian)
(B. Chamodan Rao, B. Devi.), jointly undertaken to abide (Specify the relationship to the candidate)
and ful	fill 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 pet 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 entituition 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, 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.

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

(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

I ensure that my Son/ Daughter will not violate any rule prescribed by Govt., University & Institution. Also I ensure

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,

Signature of Parent / Guardian:

Name Address

can be arrested.

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

:B. Dhamadorn foo : Nommalavalosa

activities, both inside and outside the Campus.

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

and I shall abide by decision that would be taken by the authorities.

that my Son/ Daughter maintains discipline and will be regular to the classes & Studies



EAMCET Rank: 54672

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

STATE

Nationality

: Andropadeth

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Branch Allottee	1 : B.P	MICANTALCACCI	T/BC/CAP/PH/GEN			
Fee Receipt No		Any	Other			
Admission Dat	e : 20/	01/2023 Conv	ener / Management			
1. Name of th	tail	e (Block Letters) (as per S.S	S.C. / Matriculation)	:	-	
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Examination	Year of Passing	Institution Name	Board / Univ.	Obtained	Marks	Grad /Clas
2	Passing	7.D.H.S.	Board / Univ.			
Examination S.S.C. Intermediate	Passing 2020	Z.P.H.S.		Obtained 598		/Clas
S.S.C. Intermediate /+2	Passing 2020 2022	Z.P.H.S. Santhaurity. SRI RAMO Jonier College		Obtained		/Clas
S.S.C. Intermediate /+2	Passing 2020 2022 as Required	Z.P.H.S. Santfaurity. SRI RAMO Junior College : YES/NO NO Boar	rding	Obtained 598	Marks	/Clas
S.S.C. Intermediate /+2 5. College Bu	Passing 2020 2022 s Required	Z.P.H.S. Santhaurity. SRI RAMOL Jonier College : YES NO NO BOR	rding	Obtained 598	Marks	/Clas
S.S.C. Intermediate /+2 5. College Bu Point YES Type	Passing 2020 2022 s Required NO.	Z.P.H.S. Santhaurity. SRI RAMO Jones College : YES NO NO BOOK 6. H	rding Nostel Required : Y	Obtained 598	Marks	/Clas
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Date: 8/08/2029

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT
We, D. Dinesh. and
(Name of the Candidate)
D. Venkala Jaa. (Name of the Parent / Guardian)
(Name of the Parent / Guardian)
(
and fulfill the following conditions. D. Dineyw. (Name of the candidate)
 We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as potential the schedule, well before the last day of payment of fees.
We will not seek any facility or concession for payment of tuition fee in instalment and will remit the enti- tuition fee in the beginning of the academic year, before the last day of payment of fees.
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D. Venkola 500 Signature of Parent / Guardian: Signature of candidate
Name : D. Dinesh. Address : Dolokovalno.
Address : Dolateandua

punkanagam

(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.

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- (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. Venkala 100. Signature of Parent

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



:

:51478020167

21/01/2023

EAMCET Rank: 24833

Hall Ticket No

Branch Allotted

Fee Receipt No

Admission Date

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

STATE

Religion

Nationality

Any Other

: AP

SC/ST/BC/CAP/PH/GEN

Convener / Management

:INDTAN

: HINDU

1. Name of the	ie Candidat	te (Block Letters) (as per S.S.	.C. / Matriculation)	:		
		RAVI KUMAR Name and Present Address:		te Address:		
Kutibhadra colony (vill), Kotturu Kutibhadra colony (vill), Kotturu						
(M.D) sirusuvada (P.O), Srikakul (M.D), Sirusuvada (P.O), Srikaku						
-am (Dist), AP (state) -lam (Dist), A:D (state)						
	PIN	: 532455	200	502	324	55
Mobile (Studen	t):7.98	rdian :Annua 19723799				utal
3. Personal in		A				
		Male Blood Group:				
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Date of Bir	th: 29-0	94-2005 Caste. SC	Sub Caste:5.	<u>C</u>		
4. Details of	Institutions	where studied and examinat	ions passed:		-	
Examination	Year of Passing	Institution Name	Board / Univ.	Marks Obtained	% of Marks	Grad/Class
S.S.C.	2020	A.P.SWR School, ungravadamento	SSC	542	9.3	
Intermediate / +2	2022	A.P.SWR School, Koncheli	Board of Internediate	783		A
5. College Bu	ıs Required	: Y ES /NO NO Board	ling *			
Point		6. Но	ostel Required : Y	esano y	<u> </u>	
YES Type	of Hostel_	Boys hostel				
7. Reference:						
Name of the	staff :	Do	epartment :		**********	
Admissions/0	fficer 1/01/20			K Roll Signature		- 0

Date: 21/01/2023

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

We		K. Ravi Kumar and
*		(Name of the Candidate)
00420	g	DALAYYA
		(Name of the Parent / Guardian)
(FATHER), jointly undertaken to abide (Specify the relationship to the candidate)
and	d ful	fill 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.
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	S	K. Dalayya ignature of Parent / Guardian: K. Ravi / Hueman Signature of candidate
	Nar	ne: 14. ROVI 14WOOT

Address

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.

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

K. Ravi^o Kumay 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, Dolaygo, Signature of Parent

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



EAMCET Rank: 42973.01

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

STATE

Nationality

		00 20100 Relig	V FIMAL			
Branch Allotte	12.1	W1710W 1/11	T/BC/CAP/PH/GEN	a A		
Fee Receipt No			Other			3/1
Admission Dat	e: 18-2	-902) Corv	ener / Management			
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4. Details of	Year of Passing	Institution Name	Board / Univ.	Marks		
4. Details of Examination	Year of Passing	where studied and examina Institution Name	Board / Univ.	Marks	Marks	
4. Details of I Examination S.S.C. Intermediate /+2. 5. College Burnoint YES Type 7. Performer:	Year of Passing 2018-20 s Required of Hostel_	Institution Name 2:12: H. High School Sarthini he than in College YES /NO Boar Girls hosfel	ding ostel Required : YE	Marks Obtained 744	Marks 8+7 8+09	
4. Details of I Examination S.S.C. Intermediate /+2. 5. College Burnoint YES Type 7. Performer:	Year of Passing 2018-20 s Required of Hostel_	where studied and examina Institution Name 2-12-14- High School Sarthenikethan in College YES/NO	ding ostel Required : YE	Marks Obtained 744	Marks 8+7 8+09	

Date: 15/2/202

UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT
we, G. Salyavathi and
(Name of the Candidate)
Gr. Sanoini
(Name of the Parent / Guardian)
(
and fulfill the following conditions Gr. Salyava he (Name of the candidate)
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G. Satyavathe
Signature of Parent / Guardian: Signature of candidate
Name : G. Satgaraths Address : Lankapeta (village), Ravada parchathy)
(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 unlawfu 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 no involve in any form of ragging. I clearly understand that any person (may be myself) who so ever is directly

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

or indirectly involved in RAGGING is subject to severe punishment, can be booked in a criminal case, and

Signature of Parent

Signature of Student

PRINCIPAL
Sri Sivani College of Pharmacy
Chilakapalem-532 402, Srikakulam Ot.
Affiliated to JNTU-Kakinada Code: OA

can be arrested.

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



EAMCET Rank:

For Office Use Only

46097

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

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Date: 10/02/202

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

We, Jadhi・Gopi and (Name of the Candidate)
Jaldhi . Chinnaras (Name of the Parent / Guardian)
(
and fulfill the following conditions. Jaldlin Gapi (Name of the candidate)
 We will pay the tuition fees and other fees prescribed by the Government of A.P., JNTU, and SSCP, as the schedule, well before the last day of payment of fees.
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Signature of Parent / Guardian: Signature of candidate
Name : J. Gopi
Name: J. Gopi Address: Donkarn

- (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.
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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

Signature of Parent

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

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	1. Name of the Candidate (Block Letters) (as per S.S.C. / Matriculation) :						
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Date: 29/17

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

We,	D. Anix		. and
	(Name of the Can	ndidate)	
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	(Name of the Parent	/ Guardian)	1 85 7
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	(Specify the relationship to the candidate)		5
and fulfill th	ne following conditions	Inu	
	*	(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:

Signature of

Name

Address

Address: PCut regular logar V)

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Signatur of Student

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Signature of Parent

Sri Sivani College of Pharmacy Chilakapalem-532 402, Srikakulam Ot. 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.GV)

REGISTRATION FORM

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

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		UNDERTAKINGS TO BE GIVEN BY THE CANDIDATE AND HIS/HER PARENT
We,		CH. Han' babu and
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		(Name of the Parent / Guardian)
(••••	(Specify the relationship to the candidate)
and 1	fulf	fill the following conditions. Chr Hou bubl (Name of the candidate)
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	Si	ignature of Parent / Guardian: Signature of candidate
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		ne: Chi rochalate Shui naide Iress: Chinnathile value & Hotipalan Gurla (m)
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Sri Sivani College of Pharmacy Chilakapalem-532 402, Srikakulam Dt. Affiliated to JNTUG-Vizianagaram Code: DA