B.PHARMACY (BR24) I YEAR - I SEMESTER (From 2024 admitted batches onwards)       (Read the instructions carefully before filling the application)       Regulation - BR24       Whether the candidate is appearing for							Мс	ohan Ga warding	irdens, g Unive	Vaishn ersity: J u/s 2(f)	avi Nag NT Univ &12(B	( <b>AU'I</b> gar, Tiru versity ) of UC	<b>CONC</b> uchano Ananta iC Act,	HOC OMO or (PO), apur (JN Recogni G) & NA	<b>US)</b> Tirupa TUA), A zed Re	ati (Dist. Approve search (	.), AP – ed by P(	517503 Cl, New	8, India Delhi							
Regulation - BR24										RMA	CY	(BR	24)	I YE	EAR	- I S			ER							
Whether the candidate is appearing for								(Rea	d the	instr	uctio	ons ca	reful	ly bef	ore f	illing	the a	pplica	ntion)	)						
Regular Examinations     Exam Centre       Supplementary Examinations     SPSP. TIRUPATI       Month & Year of Examination:	Reg	gulatio	n - E	3R24	ŀ																					
Latent vertice     HERE       Supplementary Examination:     SPSP. TIRUPATI       Month & Year of Examination:     SPSP. TIRUPATI       H.T. No.:     Supplementary Examination:       H.T. No.:     Supplementary Examination:       Mame :     Supplementary Examination:       H.T. No.:     Supplementary Examination:       Mare :     Supplementary Examination:       Mare :     Supplementary Examination:       Mare :     Supplementary Examination:       Father Name (As per SSC):     Supplementary Examination:       Date of birth (As per SSC):     Supplementary Examination:       Date of birth (As per SSC):     Supplementary Examination:       Super Stc.     Supplementary Examination:       Supplementary Examination:     Please Tick (√)Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Male     Female       Sigets for which registration is required (< tick whichever is applicable):	Wh	ether	the c	and	idate	e is a	appe	arin	g for	•																
Supplementary Examinations     SPSP. TIRUPATI       Month & Year of Examination:		Regular Examinations									F	Exar	n Ce	entr	'e		PASTE YOUR PHOTO									
Month & Year of Examination:			S															HERE								
H.T.No:	Mor	nth & Ye					<u> </u>																			
[As per SSC Certificate]																										
(As per SSC Certificate)	N.		L	 	<u> </u>	 	 				 ]		I													
Father Name     Approx SSC       (As per SSC     Approx SSC       Certificate)     Approx SSC       Mother Name     Approx SSC       (As per SSC     Approx SSC       Certificate)     Approx SSC       Date of birth (As per SSC):     Approx SSC       (DD/MM/YYYY)     Approx SSC       Date of birth (As per SSC):     Approx SSC       (DD/MM/YYYY)     Approx SSC       Date of birth (As per SSC):     Approx SSC       (DD/MM/YYYY)     Approx SSC       (DD/MM/YYYY)     Approx SSC       Date of birth (As per SSC):     Approx SSC       (DD/MM/YYYY)     Approx SSC       Date of birth (As per SSC):     Approx SSC       (DD/MM/YYYY)     Approx SSC       Date of birth (As per SSC):     Approx SSC       (DD/MM/YYYY)     Approx SSC       (Approx SSC):     Plasta       (DD/MM/YYYY)     Approx SSC       (Approx SSC):     Plasta       (DD/MM/YYYY)     Approx SSC       (Entriesting Stration is required ( / tick whichever is applicable):     Prox SSC       (Approx SSC):     Female     Birchard Stration Stratis       (A 24BPH101T-HUMAN	(As per S			<u> </u>																						
(As per SSC Certificate)     Image: SSC Mother Name (As per SSC Certificate)     Image: SSC Mother Name (As per SSC Certificate)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)     Image: SSC Mother Name (As per SSC): (DD/MM/YYYY)       Image: SSC (DD/MOTHER SC): (DD/MOTHER S	Certifica	te )																								
Certificate)     Mother Name (As per SSC Certificate)     Mother Name (As per SSC Certificate)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick ( $$ )Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Date of birth (As per SSC): (DD/MM/YYY)     Please Tick ( $$ )Ca	(As per SSC																									
(As per SSC Certificate)																										
(As per SSC Certificate)     Image: SSC (DD/MM/YYYY)       Date of birth (As per SSC): (DD/MM/YYYY)     Image: SSC (DD/MM/YYYY)       ease Tick (√)Gender     :       Image: Section of the sectin of the section of the section of the section of the																						1				Γ
Date of birth (As per SSC): (DD/MM/YYYY)     Please Tick (√)Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       ease Tick (√)Gender     :       Please Tick (√)Caste: OC/ OBC/ SC/ ST/ OTHERS (If any)       Male     Female       jects for which registration is required (✓ tick whichever is applicable): Theory     Practical       1. 24BPH101T-HUMAN ANATOMY AND PHYSIOLOGY - I     8. 24BPH101P-HUMAN ANATOMY AND PHYSIOLOGY - I LAB       2. 24BPH102T-PHARMACEUTICAL ANALYSIS     9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB       3. 24BPH103T-PHARMACEUTICS - I     10. 24BPH103P-PHARMACEUTICS - I LAB       4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY     11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB       5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB	(As per S	SSC																								
(DD/MM/YYY)     Please Tick (√)Caste : OC/ OBC/ SC/ ST/ OTHERS (If any)       ease Tick (√)Gender     :       Male     Female       i     i       i <td< td=""><td>Certifica</td><td>te J</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Certifica	te J																								
ease Tick (√)Gender : Male Female jects for which registration is required (✓ tick whichever is applicable) : Theory Practical 1. 24BPH101T-HUMAN ANATOMY AND PHYSIOLOGY - I 2. 24BPH102T-PHARMACEUTICAL ANALYSIS 9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB 3. 24BPH103T-PHARMACEUTICS - I 4. 24BPH103T-PHARMACEUTICAL INORGANIC CHEMISTRY ILAB 5. 24BPH105T-COMMUNICATION SKILLS ILAB 10. 24BPH105P-COMMUNICATION SKILLS ILAB				SC):																						
Male     Female       jects for which registration is required (✓ tick whichever is applicable):       Theory     Practical       1. 24BPH101T-HUMAN ANATOMY AND     8. 24BPH101P-HUMAN ANATOMY AND       PHYSIOLOGY - I     2. 24BPH102T-PHARMACEUTICAL ANALYSIS     9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB       3. 24BPH103T-PHARMACEUTICS - I     10. 24BPH103P-PHARMACEUTICS - I LAB		<u> </u>			:									Pl	ease	Tick (	[√]Ca	ste : 0	<b>C/ O</b>	BC/ S	C/ ST	'/ <b>OT</b> I	HERS	(If any	)	
TheoryPractical1. 24BPH101T-HUMAN ANATOMY AND PHYSIOLOGY - I8. 24BPH101P-HUMAN ANATOMY AND PHYSIOLOGY - I LAB2. 24BPH102T-PHARMACEUTICAL ANALYSIS9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB3. 24BPH103T-PHARMACEUTICS - I10. 24BPH103P-PHARMACEUTICS - I LAB4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB5. 24BPH105T-COMMUNICATION SKILLS12. 24BPH105P-COMMUNICATION SKILLS LAB	F			$\square$	Fen	nale													,	,			·		,	
TheoryPractical1. 24BPH101T-HUMAN ANATOMY AND PHYSIOLOGY - I8. 24BPH101P-HUMAN ANATOMY AND PHYSIOLOGY - I LAB2. 24BPH102T-PHARMACEUTICAL ANALYSIS9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB3. 24BPH103T-PHARMACEUTICS - I10. 24BPH103P-PHARMACEUTICS - I LAB4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB5. 24BPH105T-COMMUNICATION SKILLS12. 24BPH105P-COMMUNICATION SKILLS LAB																										
1. 24BPH101T-HUMAN ANATOMY AND PHYSIOLOGY - I     8. 24BPH101P-HUMAN ANATOMY AND PHYSIOLOGY - I LAB       2. 24BPH102T-PHARMACEUTICAL ANALYSIS     9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB       3. 24BPH103T-PHARMACEUTICS - I     10. 24BPH103P-PHARMACEUTICS - I LAB       4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY     11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB       5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB	jects for	which r	egist	ratior	n is re	quir	ed (√	tick	whic	hever	is ap	plica	ble) :													
PHYSIOLOGY - I     PHYSIOLOGY - I LAB       2. 24BPH102T-PHARMACEUTICAL ANALYSIS     9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB       3. 24BPH103T-PHARMACEUTICS - I     10. 24BPH103P-PHARMACEUTICS - I LAB       4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY     11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB       5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB	ī	1 2/		1017	LILINA		NATC			ory					240		<u>1 р ці</u>				7 A NIT					_
3. 24BPH103T-PHARMACEUTICS - I     10. 24BPH103P-PHARMACEUTICS - I LAB       4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY     11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB       5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB		PHYSIOLOGY - I																								
4. 24BPH104T-PHARMACEUTICAL INORGANIC CHEMISTRY     11. 24BPH104P-PHARMACEUTICAL INORGANIC CHEMISTRY LAB       5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB													9. 24BPH102P-PHARMACEUTICAL ANALYSIS LAB													
CHEMISTRY     CHEMISTRY LAB       5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB		3. 24	BPH	103T-	PHAF	RMAC	EUTI	CS - I						10. 24BPH103P-PHARMACEUTICS – I LAB												
5. 24BPH105T-COMMUNICATION SKILLS     12. 24BPH105P-COMMUNICATION SKILLS LAB					PHAF	RMAC	EUTI	CAL I	NORC	GANIC																
6. 24BPH106RMT-REMEDIAL MATHEMATICS 13. 24BPH106RBP-REMEDIAL BIOLOGY LAB					COMI	MUNI	ICATI	ON SK	ILLS																	
		6. 24	6. 24BPH106RMT-REMEDIAL MATHEMATICS								<u> </u>		Image: 13.24BPH106RBP-REMEDIAL BIOLOGY LAB													
7. 24BPH106RBT- REMEDIAL BIOLOGY	·	7. 24	BbH	106RI	BT- R	EMF	DIAL	BIOL	)GY			L		<u>ן</u> רר												

Total number of theory papers registered:

Total Number of practical papers registered:



Certified that the above information is CORRECT and Filled by me.

Date: Place:

Signature of the Candidate

## <u>Certificate</u>

This is to certify that .....bearing H.T.No.....

I. is /was a student of this college during the year The facts mentioned by him /her in the application have been verified and found correct. He/ She had registered for all subjects above in the current semester/class.

III. has not passed in earlier examinations in any of the subject in which he/ she has now registered.

## Principal's remarks if any:

Date:

## Signature of the Principal with seal

**Note:** No Application is accepted unless the candidate pays the prescribed Examination fee and fee for marks memorandum within the stipulated time.

## Instructions:

- 1. Candidates are instructed to be very careful about the entries to be made.
- 2. All entries should be in candidate's own handwriting.
- 3. Candidate will be held responsible for any incorrect entry that he/she makes. Any false or incorrect statement in the application will render the candidate liable to disciplinary action
- 4. The College reserves the right to cancel the admission of the candidate at any stage when it is detected that his/ her admission to the examination or the college is against rules.

\*\*\*\*