

2210150306

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course

No.

1) Name in Full MUNAGAPATI USHA RANI (Name As per SSC)2) Father's Name M. VENKATA NARAYANA Occupation: Teacher3) Mother's Name Bogolu KRISHNA VENI Occupation: _____4) Date of Birth 30/06/2000 Sex: F
DD / MM / YYYY (As per SSC)5) e-Mail id Usharani.munagapati.2030@gmail.com6) Student No. 6305699766 Aadhar 591902866126
Near _____7) Postal Address: H.NO: 11-61-5/2 Anjaneya Swami
Temple, opp. Ex-MLA HOUSE
Podili - Prokasham DT. APParent No. 9491510556 Aadhar 5590601550408) Permanent Address: H.NO: 11-61-5/2 Near Anjaneya Swami Temple
opp. Ex-MLA House, Viswanadhepuram
Podili - Prokasham DT. AP. 5232409) Religion: Hindu Category: BC-A & Annual Income: 10,00,000/-
(Applicable to BC/SC/ST only - Enclose Certificates)10) Caste: Nayee Brahmins 11) Last Studied at B.C.O.P.

12) Qualifying examination passed: _____ Marks & %: _____ %

13) EAMCET / GATE Rank: _____ B.Pharmacy Hall Ticket No. 18101R007214) 10th Class Passed: 2016, Marks & %: 93 @ _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: BapatlaM. Usha Rani
Signature of the ApplicantDate: 29/6/2022M. V. N.
Signature of the Father / Guardian**OFFICE USE ONLY**Application in order: Yes / No ☒Admitted / Rejected ☒

Fee Receipt No. _____ Dt: _____

Ch. Sundar
ClarkR. Venkata Rao
SuperintendentT. Gopalakrishna
PrincipalDt: 10/7/22

B. Pharm Studied

Bapatla,
Dt: 29/06/2022

To
The Principal,
Bapatla College of Pharmacy,
Bapatla – 522101.

Sir,

I, M. Venkata Narayana S/o / D/o M. Usha Rani

having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatla College of Pharmacy, Bapatla-522101 during the academic year _____ I am aware that in case for any reason, I discontinue my studies at Bapatla College of Pharmacy, I have to pay the full amount of Tution fee that I would have paid had I continued my course upto completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,

Yours faithfully,

M. Venkata Narayana
Signature of the Parent / Guardian

M. Usha Rani
SIGNATURE

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I M. Venkata Narayana parent / guardian of M. Usha Rani
a student of M. pharmacy B.Pharmacy / M.Pharmacy studying at
Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of
punishment in case of ragging other student and that in case if my ~~son~~ / daughter become
involved in my manner in any ragging case he / she is liable for any punishment including:

1	Cancellation of admission.
2	Suspension from attending classes.
3	Withholding / withdrawing scholarship / fellowship and other benefits.
4	Debarring from appearing for any test / examination or other evaluation process.
5	Withholding results.
6	Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7	Suspension expulsion from the hostel.
8	Rustication from the Institution for periods varying from 1 to 2 academic years.
9	Expulsion from the institution and consequent debarring from admission to any other institution.
10	Fine upto Rs.50,000/-
11	Rigorous imprisonment upto three years (by court of law) etc...

Date: 29-6-2022

M. Venkata Narayana
Signature of the Parent

Phone Nos. 9491510556,
8985874447
Address:

H.NO. 11-61-5/2
Near Anjineya Swami Temple
opp. Ex-MLA House,
Niswanthapuram,
Podili, Prakasam DT.

22101R0068

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course
No.

- 1) Name in Full KOTA MANJUSHA (Name As per SSC)
- 2) Father's Name KRISHNA Occupation LABOR
- 3) Mother's Name ADI LAKSHMI Occupation HOUSE WIFE
- 4) Date of Birth 10 / 05 / 2003 Sex: FEMALE
DD / MM / YYYY (As per SSC)
- 5) e-Mail id KOTA.MANJUSHA @ 7g.com
- 6) Student  No. 7670928848 Aadhar 5182 45316901
- 7) Postal Address: BESTHAPALEM, M.NO: 15-8-6
NEAR GANDHI STATU
BAPATLA - 522101 - BAPATLA (DT)
9985585530 Aadhar 5182 45316901
- Parent  No. _____
- 8) Permanent Address: BESTHAPALEM, M.NO: 15-8-6
NEAR GANDHI STATU
BAPATLA - 522101 - Bapatla (Dist) AP
- 9) Religion: HINDU Category: _____ & Annual Income: _____ /-
(Applicable to BC/SC/ST only - Enclose Certificates)
- 10) Caste: TELAGA 11) Last Studied at Sri Sai Jr College
- 12) Qualifying examination passed: Inter Marks & %: 820
82 %
- 13) EAMCET / GATE / PGGET Rank: 23,173 Hall Ticket No. 51358010012
- 14) 10th Class Passed: 20 19, Marks & %: 8, 8
@ _____



The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: Bapatla
K. Manjusha
Signature of the Applicant
Date: 21.12.2022
K. Krishna
Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No ☒ Admitted / Rejected ☒ Fee Receipt No. _____ Dt: _____
Ch. Suresh Babu
Clark

S. Venkatesh
Superintendent

T. Gobalakrishna
Principal
Dt: 31/12/22

JVP

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I Kotam Manjusha parent / guardian of K. Krishna
a student of Bapatla college B.Pharmacy / M.Pharmacy studying at
Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of
punishment in case of ragging other student and that in case if my son / daughter become
involved in my manner in any ragging case he / she is liable for any punishment including:

1	Cancellation of admission.
2	Suspension from attending classes.
3	Withholding / withdrawing scholarship / fellowship and other benefits.
4	Debarring from appearing for any test / examination or other evaluation process.
5	Withholding results.
6	Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7	Suspension expulsion from the hostel.
8	Rustication from the Institution for periods varying from 1 to 2 academic years.
9	Expulsion from the institution and consequent debarring from admission to any other institution.
10	Fine upto Rs.50,000/-
11	Rigorous imprisonment upto three years (by court of law) etc...

Date: 21-12-2023

Signature of the Parent

Phone Nos. 9985585530

K. Krishna

Address:

Besta Palem
H.NO 15-8-6
near Gramugli station.
Bapatla - 522101
Bapatla (Dist) AP.

Bapatla,
Dt: 21-12-2022

To
The Principal,
Bapatla College of Pharmacy,
Bapatla - 522101.

Sir,

I, K. Krishna S/o / D/o K. Manjusha
having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatla College of
Pharmacy, Bapatla-522101 during the academic year 2022 - 23 I am aware that in
case for any reason, I discontinue my studies at Bapatla College of Pharmacy, I have to
pay the full amount of Tution fee that I would have paid had I continued my course upto
completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,

Yours faithfully,

K. Manjusha
SIGNATURE

Signature of the Parent / Guardian

K. Krishna

2110151601

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / III M.Pharmacy Course

No.

1) Name in Full MEESALA NAVEEN (Name As per SSC)2) Father's Name M. SUBBARAO Occupation: FARMER3) Mother's Name M. SARADA Occupation: HOUSEWIFE4) Date of Birth 17 / 04 / 1998 Sex: M
DD / MM / YYYY (As per SSC)5) e-Mail id naveenmeesala.ss@gmail.com6) Student No. 9381112142 Aadhar 5153 4014 27467) Postal Address: Vempadu (post) 1-53
vanikuntapadu (mandal)
Nellore (dist), AP.Parent No. 8374441365 Aadhar8) Permanent Address: Vempadu (post)
vanikuntapadu (mandal)
Nellore (dist) 5242239) Religion: Hindu Category: BC-D & Annual Income: 80,000 /-
(Applicable to BC/SC/ST only - Enclose Certificates)10) Caste: YADAVA (BC-D) 11) Last Studied at Bapatla college of pharmacy, Bapatla.12) Qualifying examination passed: B.Pharmacy Marks & %: 78.5 %13) EAMCET / GATE Rank: PET (678) Hall Ticket No. T7290 3030414) 10th Class Passed: 2014, Marks & %: 88, @ Sti Gethanjali eng.med. high school.

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: BapatlaDate: 29/04/2021

Signature of the Applicant

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No ☒Admitted / Rejected ☒

Fee Receipt No. _____ Dt: _____

Clark

Superintendent

Principal

Dt: 31/12/21

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I M. Subba Rao parent / guardian of M. RESALA. NAVEEN
a student of I/D ~~B. Pharmacy~~ / M. Pharmacy studying at
Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of
punishment in case of ragging other student and that in case if my son / daughter become
involved in my manner in any ragging case he / she is liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7. Suspension expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs.50,000/-
11. Rigorous imprisonment upto three years (by court of law) etc...

Date: 29/12/2021

M. Subba Rao
Signature of the Parent

Phone Nos. 938112142
8374441365

Address:
Vempadu (post) 1-53.
Varikentla pradu (Mandal)
Nellore (Dist)
AP, 524229

To
The Principal,
Bapatla College of Pharmacy,
Bapatla - 522101.

Bapatla,
Dt: 29/12/2021

Sir,

I, MEESALA NAVEEN S/o / D/o M. Subba Rao

having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatla College of Pharmacy, Bapatla-522101 during the academic year 2021-2022. I am aware that in case for any reason, I discontinue my studies at Bapatla College of Pharmacy, I have to pay the full amount of Tuition fee that I would have paid had I continued my course upto completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,

Yours faithfully,

Signature of the Parent / Guardian

M. Subba Rao

M. Naveen
SIGNATURE

21/01/2022

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / III M.Pharmacy Course
No.

- 1) Name in Full K. RIYA SUNDARI
(Name As per SSC)
- 2) Father's Name K. MANIKYA RAO Occupation: EX-ARMY
- 3) Mother's Name K. NAGAVALLI Occupation: HOUSE WIFE
- 4) Date of Birth 23 / 09 / 2002 Sex: FEMALE
DD / MM / YYYY (As per SSC)
- 5) e-Mail id riyakagitha2002@gmail.com
- 6) Student  No. 9701200357 Aadhar 4222 0094 5149
- 7) Postal Address: 4-10-7 VENGALVIHAR
BAPATLA, GUNTUR
ANDHRA PRADESH 522101
- Parent  No. 9491658463 Aadhar 2088 2252 1035
- 8) Permanent Address: 4-10-7 VENGALVIHAR
BAPATLA, GUNTUR
ANDHRA PRADESH 522101
- 9) Religion: HINDU Category: SC & Annual Income: 451848
(Applicable to BC/SC/ST only – Enclose Certificates)
- 10) Caste: SC - MALA 11) Last Studied at SRI CHAITANYA GOSALA
- 12) Qualifying examination passed: INTER Marks & %: 352 / 70.40
- 13) EAMCET / GATE Rank: 45960 Hall Ticket No. 91264060160
- 14) 10th Class Passed: 2018, Marks & %: 345, 69% @



The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: BAPATLA

K. Riya Sundari
Signature of the Applicant

Date: 10/2/2022

K. Nagavalli
Signature of the Father / Guardian

Application in order: ☒ Yes / No ☒ OFFICE USE ONLY

Admitted / Rejected Fee Receipt No. _____ Dt: _____

Ch. Kesava Rao R. Venkatesh T. Gopal Reddy Dt: 20/2/22
Clark Superintendent Principal

21/02/2022

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I K. NAGAVALLI parent / guardian of K. RIYA SUNDARI
a student of 1+4 B.Pharmacy / M.Pharmacy studying at
Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of
punishment in case of ragging other student and that in case if my son / daughter become
involved in my manner in any ragging case he / she is liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7. Suspension expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs.50,000/-
11. Rigorous imprisonment upto three years (by court of law) etc...

Date: 10/02/2022

K. Nagavalli
Signature of the Parent

Phone Nos. 1. 9701200357

2. 9491658463

Address: 4-10-7, VENKALVIHAR

BAPATLA - GUNTUR

ANDHRA PRADESH - 522101

Bapatta,
Dt: 10/02/2022

To
The Principal,
Bapatta College of Pharmacy,
Bapatta - 522101.

Sir,

I, K. RIVA SUNDARI S/o / D/o K. NAGAVALLI
having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatta College of
Pharmacy, Bapatta-522101 during the academic year 2021-2022. I am aware that in
case for any reason, I discontinue my studies at Bapatta College of Pharmacy, I have to
pay the full amount of Tution-fee that I would have paid had I continued my course upto
completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,

Yours faithfully,

K. Riva Sundari
SIGNATURE

K. Nagavalli
Signature of the Parent / Guardian

- 9) Religion: HINDU Category: SC & Annual Income: 451848
(Applicable to BC/SC/ST only - Enclose Certificates)
- 10) Caste: SC - MALA 11) Last Studied at SRI CHAITANYA GOSALA
- 12) Qualifying examination passed: INTER Marks & %: 352 / 70.40
- 13) EAMCET / GATE Rank: 45960 Hall Ticket No. 91264060160
- 14) 10th Class Passed: 2018, Marks & %: 345 / 69% @

The Above particulars are true to my knowledge and I agree to forego my seat if any of the
information is found incorrect.

Place: BAPATLA

K. Riva Sundari
Signature of the Applicant

Date: 10/2/2022

K. Nagavalli
Signature of the Father / Guardian

Application in order: ☒ Yes / No

☒ OFFICE USE ONLY
Admitted / Rejected

Fee Receipt No. _____ Dt: _____

Ch. Nandababu
Clark

R. Venkatesh
Superintendent

T. Gopalakrishna
Principal

Dt: 20/2/22

2010150305

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course

No.

- 1) Name in Full GANDHAM LAKSHMI PRIYAMVADA
(Name As per SSC)
- 2) Father's Name GANDHAM RADHA KRISHNA MURTHY Occupation: Government employee
- 3) Mother's Name GANDHAM RADHA Occupation: House wife
- 4) Date of Birth 13 / 08 / 1998 Sex: Female
DD / MM / YYYY (As per SSC)
- 5) e-Mail id priya.gandham1998@gmail.com
- 6) Student  No. 9182989572 Aadhar 2725 0599 8912
- 7) Postal Address: 6-10-132, Srungarapuram
Bapatla, Guntur dist, Andhrapradesh
522101
- Parent  No. 917741825341 Aadhar _____
- 8) Permanent Address: 6-10-132, Srungarapuram
Bapatla, Guntur dist, Andhrapradesh
522101
- 9) Religion: Hindu Category: OC & Annual Income: 6,00,000/-
(Applicable to BC/SC/ST only – Enclose Certificates)
- 10 Caste: Naidu 11) Last Studied at Bapatla college of pharmacy
- 12) Qualifying examination passed: B.Pharmacy Marks & %: _____ %
- 13) EAMCET / GATE Rank: _____ Hall Ticket No. _____
- 14) 10th Class Passed: 2014, Marks & %: 9.5, _____ @ _____



The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: Bapatla
G. L. Priyamvada
Signature of the Applicant
Date: 23/02/2021
G. Radha Krishna Murthy
Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No ☒Admitted / Rejected ☒

Fee Receipt No. _____ Dt: _____

Ch. Venkatesh
Clark

R. Venkata Rao
Superintendent

T. Gopalabush
Principal Dt: 28/2/21

1. I shall report the cancellation of my admission well in stipulated time in case I leave the college for joining other courses of study.
2. I shall comply with the rules and regulations of the college in force from time to time.
3. I shall do nothing inside or outside the college that will interfere with the orderly governance and discipline and shall be liable to disciplinary action as may be deemed fit by the authorities of the college in case of misconduct and breach of rules and regulations of the college on my part.
4. I shall attend the classes, practicals and research work and succeed the deficiencies in studies as may be communicated to me by the principal from time to time failing which I understand that my application form for university examinations may not be forwarded.
5. I am aware that my admission to the first year B.Pharm is provisional subject to the continuation of recognition to B.Pharm course offered in the college by Jawaharlal Nehru Technological University, Kakinada.
6. I shall not apply for any courses inside or outside India before the completion of this course.
7. I understand that I may be awarded Government Scholarship if I satisfy the conditions as the case may be subject to availability of the same. Therefore I hereby agree that in case I am awarded the scholarship and if I leave the course of study before its completion, I shall neither apply for any job during the entire tenure of course nor shall I take any part time employment of any kind.
8. I will work peacefully in the laboratories and any sort of complaint against me may be dealt seriously.
9. I shall handle the instruments, glassware and apparatus with utmost care and I understand that the cost of breakage and damages, if any, is recoverable from me.
10. I shall devote to my studies to finish the course within the minimum time prescribed by the University.
11. I am fully aware of the terms and conditions of scholarship and shall abide by the set of terms and conditions in force.

Cont3

12. I am conscious of the system of attendance and I know that if I fall below 75%, I am not permitted to appear for the university examinations.

13. I shall pay the fee in the stipulated time failing which my admission stands cancelled.

14. I agree to pay the remaining amount if the scholarship is not sanctioned during my course of study.

SIGNED AND DELIVERED

THIS 23 DAY OF February 2021
2018 at BAPATLA.

G. Radha Krishna Murthy
(Signature of Guardian)

G. Lakshmi Priyamvada
(Signature of student)

G. RADHA KRISHNA MURTHY
(Name in block letters)

G. LAKSHMI PRIYAMVADA
(Name in block letters)

ADDRESS: 6-10-132, Srungarapuram
Bapatla, Guntur district
Andhra Pradesh 522101

WITNESS:

G. Rajendra Prasad
(Signature)

G. RAJENDRAPRASAD
(Name in block letters)

T. Gopalakrishna
(Signature of the Principal with
Official stamp)

PRINCIPAL
Bapatla College of Pharmacy
BAPATLA - 522 101

2010/R0055

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course

No.

1) Name in Full Tanuja Khyathi Rishitha (Name As per SSC)2) Father's Name J.V.V.T. Srinivas Occupation: Police3) Mother's Name J. Laxmi Devi Occupation: Housewife4) Date of Birth 02 / 08 / 2003 Sex: F
DD / MM / YYYY (As per SSC)5) e-Mail id shrinivas.gsl@gmail6) Student  No. 818042038
Aadhar 5777) Postal Address: Srinagar Colony, 1st lineaddanki, 523201Parent  No. 9440921810 Aadhar 5471589080078) Permanent Address: Yeeragondapalem, (BC colony)
prakasham district, 6/116, Dr.No9) Religion: Hindu Category: BC-B & Annual Income: 7 lacs /-
(Applicable to BC/SC/ST only - Enclose Certificates)10) Caste: Vishwabramin 11) Last Studied at Srichaitanya, Vijayawada12) Qualifying examination passed: EAMCET Marks & %: %13) EAMCET / GATE Rank: 20330 Hall Ticket No. 535807026714) 10th Class Passed: Yes, Marks & %: 9.3 @

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: BapatlaT. Khyathi
Signature of the ApplicantDate: 16/02/2021ISA
Signature of the Father / GuardianApplication in order: ☒ Yes / NoOFFICE USE ONLY
Admitted / RejectedFee Receipt No. Dt: cl. K. Srinivas
ClarkS. Venkatesh
SuperintendentT. Gopalakrishna
PrincipalDt: 25/2/21

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I J. Ichyathi Rishiha parent / guardian of J. Sainivas
a student of B. Pharmacy B.Pharmacy / M.Pharmacy studying at
Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of
punishment in case of ragging other student and that in case if my son / daughter become
involved in my manner in any ragging case he / she is liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7. Suspension expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs.50,000/-
11. Rigorous imprisonment upto three years (by court of law) etc...

Date: 10/12/2021

JSA
Signature of the Parent

Phone Nos. 9440921810
9492320396

Address:
Srinagar Colony 1st line
Adilabad Town
Prakasam Dist.

Bapatla,

Dt: _____

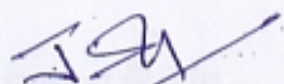
To
The Principal,
Bapatla College of Pharmacy,
Bapatla - 522101.

Sir,

I, J. Khyathi Rishitha S/o / D/o J. Srinivas

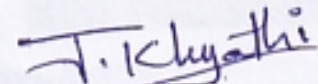
having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatla College of Pharmacy, Bapatla-522101 during the academic year 2020-2021 I am aware that in case for any reason, I discontinue my studies at Bapatla College of Pharmacy, I have to pay the full amount of Tution fee that I would have paid had I continued my course upto completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,



Signature of the Parent / Guardian

Yours faithfully,



SIGNATURE

19/01/2019

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course

No.

1) Name in Full KARLAPUDI POOJITHA KUMARI
(Name As per SSC)2) Father's Name KARLAPUDI SRIRAMAMURTHY Occupation: FARMER3) Mother's Name KARLAPUDI ANURADHA Occupation: HOUSE WIFE4) Date of Birth 14 / 03 / 1998 Sex: F
DD / MM / YYYY (As per SSC)5) e-Mail id poojitha.karlapudi.98@gmail.com6) Student  No. 9381665429 Aadhar 9709485076957) Postal Address: D/o Sri ramamurthy
Dr.No-8-9 chintha palli padu
Yaddanapudi(M) Enamadala (post)
9010464259 AadharParent  No.8) Permanent Address: Dr.No:-8-9 chintha palli padu
Yaddanapudi(M) Enamadala(post) prakasham (dist)
-Andhra pradesh 5233019) Religion: Hindu Category: OC & Annual Income: 25,000 /-
(Applicable to BC/SC/ST only - Enclose Certificates)10) Caste: choudary 11) Last Studied at Bapatla College of pharmacy12) Qualifying examination passed: pharmacy Marks & %: 66.98 %13) EAMCET / GATE Rank: 1717 Hall Ticket No. 312334022514) 10th Class Passed: 2013, Marks & %: 560 @ 93%

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: BapatlaK. poojitha kumari

Signature of the Applicant

Date: 11/9/2019K. Srinama Murthy

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No

Admitted / Rejected

Fee Receipt No. _____ Dt: _____

Ch. Venkata Prasad
ClarkK. Venkata Prasad
SuperintendentT. G. Balakrishna
PrincipalDt: 20/9/19

1. I shall report the cancellation of my admission well in stipulated time in case I leave the college for joining other courses of study.
2. I shall comply with the rules and regulations of the college in force from time to time.
3. I shall do nothing inside or outside the college that will interfere with the orderly governance and discipline and shall be liable to disciplinary action as may be deemed fit by the authorities of the college in case of misconduct and breach of rules and regulations of the college on my part.
4. I shall attend the classes, practicals and research work and succeed the deficiencies in studies as may be communicated to me by the principal from time to time failing which I understand that my application form for university examinations may not be forwarded.
5. I am aware that my admission to the first year B.Pharm is provisional subject to the continuation of recognition to B.Pharm course offered in the college by Jawaharlal Nehru Technological University, Kakinada.
6. I shall not apply for any courses inside or outside India before the completion of this course.
7. I understand that I may be awarded Government Scholarship if I satisfy the conditions as the case may be subject to availability of the same. Therefore I hereby agree that in case I am awarded the scholarship and if I leave the course of study before its completion, I shall neither apply for any job during the entire tenure of course nor shall I take any part time employment of any kind.
8. I will work peacefully in the laboratories and any sort of complaint against me may be dealt seriously.
9. I shall handle the instruments, glassware and apparatus with utmost care and I understand that the cost of breakage and damages, if any, is recoverable from me.
10. I shall devote to my studies to finish the course within the minimum time prescribed by the University.
11. I am fully aware of the terms and conditions of scholarship and shall abide by the set of terms and conditions in force.

Cont3

12. I am conscious of the system of attendance and I know that if I fall below 75%, I am not permitted to appear for the university examinations.

13. I shall pay the fee in the stipulated time failing which my admission stands cancelled.

14. I agree to pay the remaining amount if the scholarship is not sanctioned during my course of study.

SIGNED AND DELIVERED

THIS _____ DAY OF _____ 2019 at BAPATLA.

K. Sri Rama Murthy

(Signature of Guardian)

K. Poojitha Kumari

(Signature of student)

K. Sri Rama Murthy

(Name in block letters)

K. POOJITHA KUMARI

(Name in block letters)

ADDRESS: Dr. No - 8-9 Chintapalli padu
yaddanapudi (M) Gannadala (post)
Prakasham (dist) - Andhra Pradesh
PIN - Code - 523301

WITNESS:

T. Vijay Sekhar

(Signature)

T. VIJAY SEKHAR

(Name in block letters)

T. Gubalapurna

(Signature of the Principal with
Official stamp)

PRINCIPAL
Bapatla College of Pharmacy
BAPATLA - 522 101

19/01/2002

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course

No.

1) Name in Full PUSHADAPU BHAGYA LAKSHMI

(Name As per SSC)

2) Father's Name P. Prasad Babu Occupation: Farmer3) Mother's Name P. Ratna Kumari Occupation: House wife4) Date of Birth 05/08/2002 Sex: Female

DD/MM/YYYY (As per SSC)

5) e-Mail id Pblakshmi04@gmail.com6) Student  No. 8106744701 Aadhar 3102 1222 11527) Postal Address: K. Kothapalem 3-43-1Mopidevi, Krishna521125Parent  No. 9963247781 Aadhar 5320 8444 31438) Permanent Address: K. KothapalemMopidevi mandalKrishna District, 5211259) Religion: Hindu Category: OC & Annual Income: 12,000

(Applicable to BC/SC/ST only - Enclose Certificates)

10) Caste: OC (Kapu) 11) Last Studied at Vijaya Junior college, Chaitanya12) Qualifying examination passed: Intermediate Marks & %: 99.4 %13) EAMCET / GATE Rank: 43241 Hall Ticket No. 577221025614) 10th Class Passed: 2016-17, Marks & %: 98, @ Vijaya High school, Chaitanya

14

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: K. KothapalemP. Bhagya Lakshmi
Signature of the ApplicantDate: 16-09-2019P. Prasad Babu
Signature of the Father / GuardianApplication in order: Yes / No ☒ OFFICE USE ONLY
Admitted / Rejected

Fee Receipt No. _____ Dt: _____

Ch. Narendrababu
ClarkR. Venkata Rao
SuperintendentT. S. Lakshmi
PrincipalDt: 30/9/19

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I P. Prasad babu parent / guardian of P. Bhagya lakshmi
a student of 114 B.Pharmacy / M.Pharmacy studying at
Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of
punishment in case of ragging other student and that in case if my son / daughter become
involved in my manner in any ragging case he / she is liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7. Suspension expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs.50,000/-
11. Rigorous imprisonment upto three years (by court of law) etc...

Date: 16/9/19

P. prasad babu
Signature of the Parent

Phone Nos. 9963247781

Address: k. kothapallam, mopidevi, krishna
521125, H.NO - 3/43/1

Bapatla,
Dt: 16-09-2019

To
The Principal,
Bapatla College of Pharmacy,
Bapatla - 522101.

Sir,

I, P. Bhagya Lakshmi S/o / D/o P. Prasad Babu
having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatla College of
Pharmacy, Bapatla-522101 during the academic year 2019-2020 I am aware that in
case for any reason, I discontinue my studies at Bapatla College of Pharmacy, I have to
pay the full amount of Tuition fee that I would have paid had I continued my course upto
completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,

Yours faithfully,

P. Bhagya Lakshmi
SIGNATURE

P. Prasad Babu
Signature of the Parent / Guardian

- 9) Religion: Hindu Category: OC & Annual Income: 12,000-
(Applicable to BC/SC/ST only - Enclose Certificates)
- 10) Caste: OC (Kapu) 11) Last Studied at Vijaya Junior college, Chalapalli
- 12) Qualifying examination passed: Intermediate Marks & %: 9.9.4 %
- 13) EAMCET / GATE Rank: 43941 Hall Ticket No. 5772210256
- 14) 10th Class Passed: 2016-17, Marks & %: 9.8 @ Vijaya High School, Chalapalli

The Above particulars are true to my knowledge and I agree to forego my seat if any of the
information is found incorrect.

Place: K. Kothapalem

P. Bhagya Lakshmi
Signature of the Applicant

Date: 16-09-2019

P. Prasad Babu
Signature of the Father / Guardian

Application in order: ☒ Yes / No ☒ OFFICE USE ONLY
Admitted / Rejected

Fee Receipt No. _____ Dt: _____

Ch. Narendrababu
Clark

R. Venkata Rao
Superintendent

T. G. Balakrishna
Principal

Dt: 30/9/19

18/0/50301

Bapatla College of Pharmacy :: Bapatla

(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / I/II M.Pharmacy Course

No.

- 1) Name in Full DARUVURI. GEETHA SRI
(Name As per SSC)
- 2) Father's Name D. VENKATARAO Occupation: Electricity department
- 3) Mother's Name D. PAVANI Occupation: House wife.
- 4) Date of Birth 15/08/1996 Sex: F
DD/MM/YYYY (As per SSC)
- 5) e-Mail id daruvuri.geetha@gmail.com
- 6) Student  No. 9494377007 Aadhar 697278807014
- 7) Postal Address: 2-
Abhayanjineya Nagar,
Rajupalem, Guntur, A.P.
- Parent  No. 8985768501 Aadhar _____
- 8) Permanent Address: 2-58, Near Anjineya Sreamy temple,
Srukupalem, madala (P.O), Madala (M).
Guntur, Andhra pradesh- 522403.
- 9) Religion: Hindu Category: OC & Annual Income: 8,00,000/-
(Applicable to BC/SC/ST only - Enclose Certificates)
- 10) Caste: Kamma. 11) Last Studied at Bapatla College of pharmacy.
- 12) Qualifying examination passed: B. Pharmacy. Marks & %: 4448, 75.39%
- 13) EAMCET / GATE Rank: 1398. Hall Ticket No. 6130110178.
- 14) 10th Class Passed: 2011, Marks & %: 451, 75.1 @ Good News (F.M) high school.



The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: Bapatla,D. Geetha Sri.

Signature of the Applicant

Date: 21/08/2018.D. Venkata Rao.

Signature of the Father / Guardian

OFFICE USE ONLYApplication in order: ☒ Yes / No

Admitted / Rejected

Fee Receipt No. _____ Dt: _____

Ch. Srinivas Reddy
Clark

S. Venkata Rao
Superintendent

T. G. Lakshmi
Principal
Dt: 30/8/18

1. I shall report the cancellation of my admission well in stipulated time in case I leave the college for joining other courses of study.
2. I shall comply with the rules and regulations of the college in force from time to time.
3. I shall do nothing inside or outside the college that will interfere with the orderly governance and discipline and shall be liable to disciplinary action as may be deemed fit by the authorities of the college in case of misconduct and breach of rules and regulations of the college on my part.
4. I shall attend the classes, practicals and research work and succeed the deficiencies in studies as may be communicated to me by the principal from time to time failing which I understand that my application form for university examinations may not be forwarded.
5. I am aware that my admission to the first year B.Pharm is provisional subject to the continuation of recognition to B.Pharm course offered in the college by Jawaharlal Nehru Technological University, Kakinada.
6. I shall not apply for any courses inside or outside India before the completion of this course.
7. I understand that I may be awarded Government Scholarship if I satisfy the conditions as the case may be subject to availability of the same. Therefore I hereby agree that in case I am awarded the scholarship and if I leave the course of study before its completion, I shall neither apply for any job during the entire tenure of course nor shall I take any part time employment of any kind.
8. I will work peacefully in the laboratories and any sort of complaint against me may be dealt seriously.
9. I shall handle the instruments, glassware and apparatus with utmost care and I understand that the cost of breakage and damages, if any, is recoverable from me.
10. I shall devote to my studies to finish the course within the minimum time prescribed by the University.
11. I am fully aware of the terms and conditions of scholarship and shall abide by the set of terms and conditions in force.

Cont3

12. I am conscious of the system of attendance and I know that if I fall below 75%. I am not permitted to appear for the university examinations.

13. I shall pay the fee in the stipulated time failing which my admission stands cancelled.

14. I agree to pay the remaining amount if the scholarship is not sanctioned during my course of study.

SIGNED AND DELIVERED

THIS 21 DAY OF August 2019 at BAPATLA.

D. Venkatarao

(Signature of Guardian)

D. Geetha Sri

(Signature of student)

D. VENKATARA

(Name in block letters)

DARUVURI. GEETHA SRI

(Name in block letters)

ADDRESS: 2-58

Near Anjineya Swamy temple

Irurupalem, Madak (P.O).

Madala (M), Guntur dist, Andhra Pradesh.

WITNESS:

K. Lavanya

(Signature)

K. Lavanya

(Name in block letters)

T. Gabelapouru

(Signature of the Principal with
Official stamp)

PRINCIPAL
Bapatla College of Pharmacy
BAPATLA - 522 101

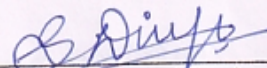
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Bapatla College of Pharmacy :: Bapatla

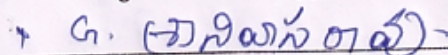
(Sponsored by Bapatla Education Society)

Application for Admission into I/IV B.Pharmacy / III M.Pharmacy Course
No.1) Name in Full GONUGUNTA DIVYA
(Name As per SSC)2) Father's Name G. SRINIVASARAO Occupation: BUSINESS3) Mother's Name G. NAGALAKSHMI Occupation: HOUSE WIFE4) Date of Birth 28/05/2000 Sex: FEMALE
DD / MM / YYYY (As per SSC)5) e-Mail id GONUGUNTA SRINIVASARAO 92 @6) Student  No. 7324778165
457) Postal Address: GONUGUNTA DIVYA D/O: G.SRINIVASARAO D.NO:- 35-3-10(A)KESAVASWAMI PETA ONGOLEParent  No. 9246432253 Aadhar 458) Permanent Address: G. DIVYA D/O:- G. SRINIVASARAO D.NO:- 35-3-10(A)
KESAVASWAMI PETA SEETARAMAPURAM, ONGOLE
PRAKASAM DIST. A.P. 5230019) Religion: HINDUS Category: O.C & Annual Income: 60,000/-
(Applicable to BC/SC/ST only - Enclose Certificates)10 Caste: VYSYA 11) Last Studied at SRICHAITANYA JR COLLEGE, ONGOLE12) Qualifying examination passed: Inter (959) Marks & %: 95.9 %13) EAMCET / GATE Rank: 14061 Hall Ticket No. 189 582692207114) 10th Class Passed: 9.5 Marks & %: 9, 5 @

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place: BAPATLADate: 13/08/2018

Signature of the Applicant

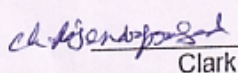
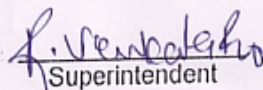
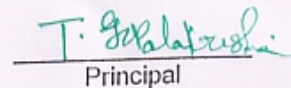


Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No ☒Admitted / Rejected ☒

Fee Receipt No. _____ Dt: _____


Clark
Superintendent
PrincipalDt: 31/8/18

UNDERTAKING TO BE FILLED IN AND SIGNED BY ALL PARENTS

I GONUGUNTA SRINIVASARAO parent / guardian of G. DIVYA
a student of 1/4 B.Pharmacy / M.Pharmacy studying at

Bapatla College of Pharmacy, Bapatla undertake that I am aware of the system of punishment in case of ragging other student and that in case if my son / daughter become involved in my manner in any ragging case he / she is liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any National or International meet, tournament, youth festival, etc..
7. Suspension expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine upto Rs.50,000/-
11. Rigorous imprisonment upto three years (by court of law) etc...

Date: 13/08/2018

* Cr. (Srinivasa Rao)

Signature of the Parent

Phone Nos. 9246432253

Address: Kesava Swami Peta, Seetharamapuram
Ongele, Prakasam dist, A.P

Bapatla.
Dt: 13/08/2018

To
The Principal,
Bapatla College of Pharmacy,
Bapatla - 522101.

Sir,

I, GONUGUNTA DIVYA S/o / D/o G. SRINIVASARAO
having been admitted into 1st B.Pharmacy / M.Pharmacy class at Bapatla College of
Pharmacy, Bapatla-522101 during the academic year _____ I am aware that in
case for any reason, I discontinue my studies at Bapatla College of Pharmacy, I have to
pay the full amount of Tution fee that I would have paid had I continued my course upto
completion, failing which my original certificates and transfer certificates will not be given.

Thanking you,

* G. (తెనాలసత్య)

Signature of the Parent / Guardian

Yours faithfully,

G. Srinivasarao
SIGNATURE