

Application No.: 075

Reg.No.:



MESCO COLLEGE OF PHARMACY

13-5-741, MESCO Educational Complex, Mustaid Pura,
Karwan Road, Hyderabad-500 006, Tel: 040-24820266

Website : www.mescomcp.org Email: mescomcp2003@gmail.com

Approved by PCI; Affiliated to Osmania University

ADMISSION FORM FOR :
ADMISSION INTO B.PHARMACY (4 YEARS)/
PHARM. D. (6 YEARS)/ PHARM. D. (PB) (3 YEARS)/
M. PHARM. (2 YEAR)

Affix Recent
Passport Size
Photograph
Here

1. Name of the Candidate
(As entered in the SSC,
Matriculation or equivalent
Certificate) in Block Letters : _____
2. Name of the Father
(In Block Letters) : _____
3. Name & Relationship of the
Guardian (In the absence of Father): _____
4. Date of Birth of Candidate as
Per SSC or equivalent Record : _____
5. Place of Birth _____ Nationality _____ Religion _____ Mother Tongue _____
6. If you belong to SC / ST / OBC: SC / ST / OBC (Please Tick) Sub Caste _____
Give details
7. Profession of Father / Guardian
and income Per Annum (to be
Certified by the Competent
Authority) : Rs. _____ Per Annum; Rupees: _____
8. Identification marks of the : 1) _____
Applicant 2) _____
9. Address for Correspondence : _____

Pin Code: _____ Telephone No. _____
10. Permanent address : _____

Pin Code: _____ Telephone No. _____

11.

Details of EAMCET	Year	Hall Ticket No.	Marks Secured	State Rank

12. If you are claiming a seat in any Supernumerary Quota, Please Provide the following information and enclose copies of relevant Certificates with the application form: 1) NCC – A,B,C () 2) NSS () 3) Sports () 4) Ex Service Man () 5) Physically Handicapped () 6) Foreigner /NRI ()

13. Blood Group _____

14. Email : Id _____

15. (SCHOOL / EDUCATION INSTITUTIONS STUDIED (COPIES OF CERTIFICATES TO BE ENCLOSED))

S.No.	Class		Name of the School / College	State	Town/Dist.	Date of Joining	Date of Leaving	Duration Of Study
1.	Intermediate or Equivalent	II Year						
		Or XII						
		I Year						
		Or XI						
2.	S.S.C or Equivalent X							
3.	IX Class							
4.	VIII Class							
5.	VII Class							

16. DETAILS OF INTERMEDIATE OR ITS EQUIVALENT:

Name of the College: _____ Group _____

Year of Passing: _____ Marks Scored _____ Max. Marks _____ Percentage _____ Medium _____

Group Percentage _____

17. DETAILS OF S.S.C. OR ITS EQUIVALENT

Name of the School: _____

Year of Passing: _____ Marks Scored _____ Max. Marks _____ Percentage _____ Medium _____

Group Percentage _____

18. AWARDS / SCHOLARSHIPS IF ANY

Place:

Date:

Signature of the Applicant

DECLARATION BY CANDIDATE

To
The Principal
MESCO College of Pharmacy,
Mustaidpura, Karwan, Hyderabad – 500 006.

Sir,
I, _____ S/o, D/o, W/o _____
here by solemnly declare that I have not been debarred or rusticated from any Educational Institution / Board / University in the T.S. State / India.

The documents submitted along with the application form are true and belong to me.

I have read the instructions carefully and I understood that my admission is subject to the terms and conditions as detailed there in.

I promise to abide the Rules and Regulations in force at present or those that my hereafter be made by the Management of Institution.

I further undertake to fulfill any comply with any changes in the Statutes / Ordinances / Regulations which may be ordered for from time to time by Osmania University /PCI/ MESCO College of Pharmacy.

All statements in this application are true and if these statements are subsequently found to be false, I will be held responsible and I will abide by the final decision taken by the Institution / Authorities.

In all Academic and Disciplinary matters the decision of the College Authorities will be final and binding on me.

Yours Faithfully,

Place: _____ Signature: _____

Date: _____ Name : _____

DECLARATION BY PARENT / GUARDIAN

I, _____ relation _____ of _____ do hereby affirm that I undertake to be responsible for the good and Disciplined conduct of my Son / Daughter / Ward _____ enrolled for the B. Pharmacy / Pharm D & Pharm D. (P.B) M. Pharmacy His / Her Study at the college and I am prepared to withdraw him / her if he / She acts against the discipline and Regulations of the College.

I have carefully read the instructions and I abide by the same.

Signature: _____

Name : _____

Relation with the student: _____

Place: _____ Full Address: _____

Date: _____ Pin Code: _____ Phone # _____

E-mail: _____

INSTRUCTIONS TO THE APPLICANT

1. The Candidates seeking admission to First Year B. Pharmacy / pharm. D / Pharm. D (P.B) in this college in the prescribed form.
2. All the entries in the application form should be in hand writing of the Candidate or neatly type written.
3. Incomplete applications and those not accompanied by relevant certificates will not be considered.
4. Applications received after the due date will not be accepted either due to postal delay or in any other circumstances.
5. The Candidates, who fail to report themselves on the date and time notified, will be liable to forfeit their claim for admission.
6. The lists of candidates given provisional admission with necessary instructions will be displayed on the College Notice Board. The Candidates should keep themselves informed and be in touch with the College.
7. The Candidates will required to pay the prescribed fee if they are selected for admission and submit their Original Certificates / Credentials.
8. The Declaration provided overleaf should be completed and signed by the Applicant and his / her Parent or Guardian, otherwise the application will be rejected.
9. Copies of the following Certificates (2 Sets) should be enclosed with the application form along with 2 self addressed envelopes
10. Note: Self Originals to be submitted at the time of admission
 1. Hall Ticket of EAMCET YES / NO
 2. Rank Card of EAMCET YES / NO
 3. Intermediate or Equivalent Certificate YES / NO
 4. Intermediate Bonafide / Study Certificate YES / NO
 5. Transfer Certificate YES / NO
 6. S.S.C. or Equivalent Certificate YES / NO
 7. S.S.C Bonafide / Study Certificate YES / NO
 8. Migration Certificate if necessary YES / NO
 9. Residence Certificate YES / NO
 10. NCC / NSS Sports / Ex-Servicemen / Physically Handicapped Certificate if you are claiming seat under supernumerary quota YES / NO

For Office Use Only

If Admitted : Admission No. _____ Date of Admission: _____

Paid Rs. _____ Challan / D.D. No. _____ Date: _____

Issued by Bank _____ Branch _____

Incharge

Principal / Director