**RAGHU COLLEGE OF PHARMACY**

Dakamarri, Bheemunipatnam Mandalam, Visakhapatnam-531 162

**B.PHARM APPLICATION-2023-24**

1. NAME OF THE CANDIDATE :

2. FATHER NAME :

3. OCCUPATION :

4. ADDRESS FOR COMMUNICATION :

5. MAIL. ID :

6. Tel No: Res: Office:

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | Year of Pass | % of Marks | Name of the Institution |
| 10th Class/CBSE/ICSE |  |  |  |
| Inter (MPC/Bi.PC) |  |  |  |

7. EAMCET / ECET RANK :

8. Branch Preferred : B. Pharmacy

9. Reference if any :

10. Category :

Signature of the Parent / Guardian Signature of the Candidate

Date: