**RAGHU COLLEGE OF PHARMACY**

Dakamarri, Bheemunipatnam Mandalam, Visakhapatnam-531 162

**M.PHARM APPLICATION-2023-24**

1. NAME OF THE CANDIDATE :

2. FATHER NAME :

3. Occupation :

4. Address for Communication :

5. Tel No: Res: Office:

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | Year of Pass | % of Marks | Name of the Institution |
| 10th Class/CBSE/ICSE |  |  |  |
| Intermediate | RCP NEW LOGO |  |  |
| D. Pharmacy |  |  |  |
| B.Pharmacy |  |  |  |

6. PGCET/GPAT :

7. Branch Preferred :

8. Reference if any :

**Signature of the Parent / Guardian Signature of the Candidate**